



# Medical Staffing Solutions

“The Solution to your Staffing Needs”

## Background Investigation Consent

NOTICE & ACKNOWLEDGEMENT (IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING)

### NOTICE REGARDING BACKGROUND INVESTIGATION

**Medical Staffing Solutions** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living, and which can involve personal interview with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **employeescreenIQ, PO Box 22627, Cleveland, OH 44122-0627, 1-800-235-3954**. The scope of this notice and authorization is all-encompassing, however, allowing **Medical Staffing Solutions** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting Background Information Services Directly.

### ACKNOWLEDGEMENT & AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize **Medical Staffing Solutions, LLC** to copy and forward my personnel file contents to any and all agencies which may require this information. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, local, state or federal agency or court, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **employeescreenIQ**, another outside organization acting on behalf of **Medical Staffing Solutions, LLC** itself. Additionally, in the event whereas a law does not provide for prospective employers to have access to such information, I hereby delegate **Medical Staffing Solutions, LLC** as my agent for the receipt of such information. I understand that the scope of this investigation will be limited as required by applicable law. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

Minnesota & Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration. I also understand that information collected will be limited to that appropriate to determine my suitability for certain positions and that all such information collected will be kept confidential.

Full Name Printed:  Maiden:

Other names used:  Date of Birth:

Social Security #:  Driver’s License #:  Driver’s License State



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Addresses – **Note: We need to go back 7 years. Please attach an additional sheet if necessary.**

1. Present Address:  Years:

City/State:  Zip:

2. Previous Address:  Years:

City/State:  Zip:

3. Previous Address:  Years:

City/State:  Zip:

4. Previous Address:  Years:

City/State:  Zip:

5. Previous Address:  Years:

City/State:  Zip:

6. Previous Address:  Years:

City/State:  Zip:

7. Previous Address:  Years:

City/State:  Zip:

**Signature:**  **Date:**

**Note:** The above information is required for identification purposes only, and is in no manner used for qualifications for employment. Medical Staffing Solutions is an Equal Opportunity Employer and does not discriminate on the basis of Age, Sex, Race, Religion, Handicap, or National Origin.