

# Application for Employment

Healthcare

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

## Personal Information

Date of application \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ S.S.N. \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home phone (\_\_\_\_) \_\_\_\_\_ Cellular/other # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_  
AM PM  Home  Cellular/other

Please provide your driver's license number, if driving is required for this job. \_\_\_\_\_ State \_\_\_\_\_

If you are under 18 years old, can you provide a work permit if required?  Yes  No

Are you legally eligible for employment in the United States? (If Yes, proof is required if hired.)  Yes  No

Are you able to perform the "essential functions" of the job for which you are applying (with or without a reasonable accommodation)?

**NOTE:** This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond.

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our organization?  Yes  No If, yes, please explain: \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from our organization?  Yes  No

If yes, additional information may be requested.

Have you ever been bonded?  Yes  No

**NOTE:** Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime?  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

## Position Information

Position applied for: \_\_\_\_\_ Expected pay: \_\_\_\_\_

Are you applying for:  Full-time  Part-time  On-call

Shift(s) preferred: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you submitted an application here before?  Yes  No If yes, please give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here?  Yes  No If yes, please give dates: \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

Will you travel if required?  Yes  No

Will you work overtime if required?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of this position?  Yes  No  N/A

# Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer \_\_\_\_\_  
Contact name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_  
Work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

---

Employer \_\_\_\_\_  
Contact name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_  
Work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

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Employer \_\_\_\_\_  
Contact name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_  
Work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

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Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

**High School:** \_\_\_\_\_ Location \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**College:** \_\_\_\_\_ Location \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ Location \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Vocational Training/Other:** \_\_\_\_\_ Location \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Continuing Education:** \_\_\_\_\_

## Professional Licenses/Registrations/ Certifications

Do you have a current license, registration, or certification?  Yes  No

If yes, please indicate the following:  
Type \_\_\_\_\_ Number \_\_\_\_\_ Exp. date \_\_\_\_\_ State(s) issued \_\_\_\_\_

Are there any current restrictions on your license, registration, or certification?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever had any disciplinary action taken against your license, registration, or certification?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been named a defendant in a malpractice claim?  Yes  No

If yes, please explain: \_\_\_\_\_

## Special Training or Skills

Please list any skills, experience or qualifications which you feel would especially benefit you in a healthcare organization (i.e., specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs): \_\_\_\_\_

Do you speak, read or write in any language other than English?  Yes  No

If yes, please describe: \_\_\_\_\_

## Professional Organizations

Please list job-related organizations, clubs, professional societies or other associations to which you belong. Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship status, mental or physical disabilities, veteran reserve national guard or any other similarly protected status.

Organization	Office held

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

## Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state or local law.

No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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**AUTHORIZATION FORM – [www.backgroundcheckadvantage.com](http://www.backgroundcheckadvantage.com)**

675,0004



Pershing Memorial Hospital  
130 East Lockling  
Brookfield, MO 64628

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>Alias/Maiden Name(s)</b>				<b>Will Employee's Salary Exceed \$75,000?</b>	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Race</b>	<b>Gender</b>		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Mailing Address (NO P.O. Boxes)</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant \_\_\_\_\_

**BACKGROUND SEARCHES**

**OIG** (Medicare/Medicaid Fraud & Abuse)  
  **GSA** (Federal Procurement Fraud)  
  **\*\*FCSR**  
 **SSN Plus** (Address & Alias Name are included)  
  **Address Verification**  
  **Alias Name Search**  
 **Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)  
 **Wants & Warrants** (Nationwide - extraditable only)  
  **OFAC** (Specially Designated Nationals and Blocked Persons List)  
 **Child Abuse/Neglect** –  **IL\*\***    **IA\*\***    **KS\*\***    **MO\***    **NE\*\***    **TN**  
 **\*MO Mental Health Employee Disqualification Registry**  
  **MO EDL** (Employee Disqualification List)  
 **FEDERAL COURTS - Criminal** State 1: \_\_\_\_\_ 2: \_\_\_\_\_  
  **SEX OFFENDER**    **Nationwide** or  **State 1:** \_\_\_\_\_  
 **DRIVING RECORD** State \_\_\_\_\_ DL# \_\_\_\_\_  
 **PROFESSIONAL LICENSE**    **National** or  **State** \_\_\_\_\_  
 Type: \_\_\_\_\_ License Number: \_\_\_\_\_  
 **EDUCATION** School Name (include campus): \_\_\_\_\_  
 City/State: \_\_\_\_\_ / \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Degree Type: \_\_\_\_\_ (BSN, B.A., etc.) Name While Attending: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**EMPLOYMENT** Company: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_  
 Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Manager: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Title: \_\_\_\_\_ Starting Wage:\$ \_\_\_\_\_ Ending Wage:\$ \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED**

States with county by county access only: **CA, WV and WY**

County 1: \_\_\_\_\_ State: \_\_\_\_\_ County 2: \_\_\_\_\_ State: \_\_\_\_\_ County 3: \_\_\_\_\_ State: \_\_\_\_\_

**STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State**

<input type="checkbox"/> AL*	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR*	<input type="checkbox"/> CO	<input type="checkbox"/> CT*	<input type="checkbox"/> DE	<input type="checkbox"/> DC*	<input type="checkbox"/> FL	<input type="checkbox"/> GA*
<input type="checkbox"/> HI	<input type="checkbox"/> ID**	<input type="checkbox"/> IN	<input type="checkbox"/> IA**	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA*	<input type="checkbox"/> MA	<input type="checkbox"/> ME	<input type="checkbox"/> MD
<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS*	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV*	<input type="checkbox"/> NH**	<input type="checkbox"/> NJ	<input type="checkbox"/> NM*	<input type="checkbox"/> NY*
<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR*	<input type="checkbox"/> PA	<input type="checkbox"/> RI*	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN
<input type="checkbox"/> TX	<input type="checkbox"/> UT*	<input type="checkbox"/> VA*	<input type="checkbox"/> VT*	<input type="checkbox"/> WA	<input type="checkbox"/> WI				

Note: Louisiana, Nevada & Ohio are Felony Only

\*Puerto Rico Repository (Felony Only search & requires Mother's Maiden Name & Address)  
 Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)  
 MO-includes MO Sex Offender search at no additional cost (MO State Highway Patrol Full-State Repository Criminal)

**\*Required Form(s) & \*\*Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**

**All users of consumer reports must comply with all applicable regulations. Information about applicable regulations currently in effect can be found at the Consumer Financial Protection Bureau's website, [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).**

## **NOTICE TO USERS OF CONSUMER REPORTS: OBLIGATIONS OF USERS UNDER THE FCRA**

The Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681-1681y, requires that this notice be provided to inform users of consumer reports of their legal obligations. State law may impose additional requirements. The text of the FCRA is set forth in full at the Consumer Financial Protection Bureau's (CFPB) website at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore). At the end of this document is a list of United States Code citations for the FCRA. Other information about user duties is also available at the CFPB's website. **Users must consult the relevant provisions of the FCRA for details about their obligations under the FCRA.**

The first section of this summary sets forth the responsibilities imposed by the FCRA on all users of consumer reports. The subsequent sections discuss the duties of users of reports that contain specific types of information, or that are used for certain purposes, and the legal consequences of violations. If you are a furnisher of information to a consumer reporting agency (CRA), you have additional obligations and will receive a separate notice from the CRA describing your duties as a furnisher.

### **I. OBLIGATIONS OF ALL USERS OF CONSUMER REPORTS**

#### **A. Users Must Have a Permissible Purpose**

Congress has limited the use of consumer reports to protect consumers' privacy. All users must have a permissible purpose under the FCRA to obtain a consumer report. Section 604 contains a list of the permissible purposes under the law. These are:

- As ordered by a court or a federal grand jury subpoena. [Section 604\(a\)\(1\)](#)
- As instructed by the consumer in writing. [Section 604\(a\)\(2\)](#)
- For the extension of credit as a result of an application from a consumer, or the review or collection of a consumer's account. [Section 604\(a\)\(3\)\(A\)](#)
- For employment purposes, including hiring and promotion decisions, where the consumer has given written permission. [Sections 604\(a\)\(3\)\(B\) and 604\(b\)](#)
- For the underwriting of insurance as a result of an application from a consumer. [Section 604\(a\)\(3\)\(C\)](#)
- When there is a legitimate business need, in connection with a business transaction that is initiated by the consumer. [Section 604\(a\)\(3\)\(F\)\(i\)](#)
- To review a consumer's account to determine whether the consumer continues to meet the terms of the account. [Section 604\(a\)\(3\)\(F\)\(ii\)](#)
- To determine a consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status. [Section 604\(a\)\(3\)\(D\)](#)
- For use by a potential investor or servicer, or current insurer, in a valuation or assessment of the credit or prepayment risks associated with an existing credit obligation. [Section 604\(a\)\(3\)\(E\)](#)
- For use by state and local officials in connection with the determination of child support payments, or modifications and enforcement thereof. [Sections 604\(a\)\(4\) and 604\(a\)\(5\)](#)

In addition, creditors and insurers may obtain certain consumer report information for the purpose of making "prescreened" unsolicited offers of credit or insurance. Section 604(c). The particular obligations of users of "prescreened" information are described in Section VII below.

#### **B. Users Must Provide Certifications**

Section 604(f) prohibits any person from obtaining a consumer report from a consumer reporting agency (CRA) unless the person has certified to the CRA the permissible purpose(s) for which the report is being obtained and certifies that the report will not be used for any other purpose.

#### **C. Users Must Notify Consumers When Adverse Actions Are Taken**

The term "adverse action" is defined very broadly by Section 603. "Adverse actions" include all business, credit, and employment actions affecting consumers that can be considered to have a negative impact as defined by Section 603(k) of the FCRA – such as denying or canceling credit or insurance, or denying employment or promotion. No adverse action occurs in a credit transaction where the creditor makes a counteroffer that is accepted by the consumer.

### **1. Adverse Actions Based on Information Obtained From a CRA**

If a user takes any type of adverse action as defined by the FCRA that is based at least in part on information contained in a consumer report, Section 615(a) requires the user to notify the consumer. The notification may be done in writing, orally, or by electronic means. It must include the following:

- The name, address, and telephone number of the CRA (including a toll-free telephone number, if it is a nationwide CRA) that provided the report.
- A statement that the CRA did not make the adverse decision and is not able to explain why the decision was made.
- A statement setting forth the consumer's right to obtain a free disclosure of the consumer's file from the CRA if the consumer makes a request within 60 days.
- A statement setting forth the consumer's right to dispute directly with the CRA the accuracy or completeness of any information provided by the CRA.

### **2. Adverse Actions Based on Information Obtained From Third Parties Who Are Not Consumer Reporting Agencies**

If a person denies (or increases the charge for) credit for personal, family, or household purposes based either wholly or partly upon information from a person other than a CRA, and the information is the type of consumer information covered by the FCRA, Section 615(b)(1) requires that the user clearly and accurately disclose to the consumer his or her right to be told the nature of the information that was relied upon if the consumer makes a written request within 60 days of notification. The user must provide the disclosure within a reasonable period of time following the consumer's written request.

### **3. Adverse Actions Based on Information Obtained From Affiliates**

If a person takes an adverse action involving insurance, employment, or a credit transaction initiated by the consumer, based on information of the type covered by the FCRA, and this information was obtained from an entity affiliated with the user of the information by common ownership or control, Section 615(b)(2) requires the user to notify the consumer of the adverse action. The notice must inform the consumer that he or she may obtain a disclosure of the nature of the information relied upon by making a written request within 60 days of receiving the adverse action notice. If the consumer makes such a request, the user must disclose the nature of the information not later than 30 days after receiving the request. If consumer report information is shared among affiliates and then used for an adverse action, the user must make an adverse action disclosure as set forth in I.C.1 above.

### **D. Users Have Obligations When Fraud and Active Duty Military Alerts are in Files**

When a consumer has placed a fraud alert, including one relating to identify theft, or an active duty military alert with a nationwide consumer reporting agency as defined in Section 603(p) and resellers, Section 605A(h) imposes limitations on users of reports obtained from the consumer reporting agency in certain circumstances, including the establishment of a new credit plan and the issuance of additional credit cards. For initial fraud alerts and active duty alerts, the user must have reasonable policies and procedures in place to form a belief that the user knows the identity of the applicant or contact the consumer at a telephone number specified by the consumer; in the case of extended fraud alerts, the user must contact the consumer in accordance with the contact information provided in the consumer's alert.

### **E. Users Have Obligations When Notified of an Address Discrepancy**

Section 605(h) requires nationwide CRAs, as defined in Section 603(p), to notify users that request reports when the address for a consumer provided by the user in requesting the report is substantially different from the addresses in the consumer's file. When this occurs, users must comply with regulations specifying the procedures to be followed.

Federal regulations are available at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

#### **F. Users Have Obligations When Disposing of Records**

Section 628 requires that all users of consumer report information have in place procedures to properly dispose of records containing this information. Federal regulations are available at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

### **II. CREDITORS MUST MAKE ADDITIONAL DISCLOSURES**

If a person uses a consumer report in connection with an application for, or a grant, extension, or provision of, credit to a consumer on material terms that are materially less favorable than the most favorable terms available to a substantial proportion of consumers from or through that person, based in whole or in part on a consumer report, the person must provide a risk-based pricing notice to the consumer in accordance with regulations prescribed by the CFPB.

Section 609(g) requires a disclosure by all persons that make or arrange loans secured by residential real property (one to four units) and that use credit scores. These persons must provide credit scores and other information about credit scores to applicants, including the disclosure set forth in Section 609(g)(1)(D) ("Notice to the Home Loan Applicant").

### **III. OBLIGATIONS OF USERS WHEN CONSUMER REPORTS ARE OBTAINED FOR EMPLOYMENT PURPOSES**

#### **A. Employment Other Than in the Trucking Industry**

If the information from a CRA is used for employment purposes, the user has specific duties, which are set forth in Section 604(b) of the FCRA. The user must:

- Make a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure, that a consumer report may be obtained.
- Obtain from the consumer prior written authorization. Authorization to access reports during the term of employment may be obtained at the time of employment.
- Certify to the CRA that the above steps have been followed, that the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that, if any adverse action is to be taken based on the consumer report, a copy of the report and a summary of the consumer's rights will be provided to the consumer.
- **Before** taking an adverse action, the user must provide a copy of the report to the consumer as well as the summary of consumer's rights (The user should receive this summary from the CRA.) A Section 615(a) adverse action notice should be sent after the adverse action is taken.

An adverse action notice also is required in employment situations if credit information (other than transactions and experience data) obtained from an affiliate is used to deny employment. Section 615(b)(2).

The procedures for investigative consumer reports and employee misconduct investigations are set forth below.

#### **B. Employment in the Trucking Industry**

Special rules apply for truck drivers where the only interaction between the consumer and the potential employer is by mail, telephone, or computer. In this case, the consumer may provide consent orally or electronically, and an adverse action may be made orally, in writing, or electronically. The consumer may obtain a copy of any report relied upon by the trucking company by contacting the company.

### **IV. OBLIGATIONS WHEN INVESTIGATIVE CONSUMER REPORTS ARE USED**

Investigative consumer reports are a special type of consumer report in which information about a consumer's character, general reputation, personal characteristics, and mode of living is obtained through personal interviews by an entity or person that is a consumer reporting agency. Consumers who are the subjects of such reports are given special rights under the FCRA. If a user intends to obtain an investigative consumer report, Section 606 requires the following:

- The user must disclose to the consumer that an investigative consumer report may be obtained. This must be done in a written disclosure that is mailed, or otherwise delivered, to the consumer at some time before or not later than three days after the date on which the report was first requested. The disclosure must include a statement informing the consumer of his or her right to request additional disclosures of the nature and scope of the investigation as described below, and the summary of consumer rights required by Section 609 of the FCRA. (The summary of consumer rights will be provided by the CRA that conducts the investigation.)
- The user must certify to the CRA that the disclosures set forth above have been made and that the user will make the disclosure described below.
- Upon the written request of a consumer made within a reasonable period of time after the disclosures required above, the user must make a complete disclosure of the nature and scope of the investigation. This must be made in a written statement that is mailed or otherwise delivered, to the consumer no later than five days after the date on which the request was received from the consumer or the report was first requested, whichever is later in time.

## **V. SPECIAL PROCEDURES FOR EMPLOYEE INVESTIGATIONS**

Section 603(x) provides special procedures for investigations of suspected misconduct by an employee or for compliance with Federal, state or local laws and regulations or the rules of a self-regulatory organization, and compliance with written policies of the employer. These investigations are not treated as consumer reports so long as the employer or its agent complies with the procedures set forth in Section 603(x), and a summary describing the nature and scope of the inquiry is made to the employee if an adverse action is taken based on the investigation.

## **VI. OBLIGATIONS OF USERS OF MEDICAL INFORMATION**

Section 604(g) limits the use of medical information obtained from consumer reporting agencies (other than payment information that appears in a coded form that does not identify the medical provider). If the information is to be used for an insurance transaction, the consumer must give consent to the user of the report or the information must be coded. If the report is to be used for employment purposes – or in connection with a credit transaction (except as provided in regulations) the consumer must provide specific written consent and the medical information must be relevant. Any user who receives medical information shall not disclose the information to any other person (except where necessary to carry out the purpose for which the information was disclosed, or a permitted by statute, regulation, or order).

## **VII. OBLIGATIONS OF USERS OF "PRESCREENED" LISTS**

The FCRA permits creditors and insurers to obtain limited consumer report information for use in connection with unsolicited offers of credit or insurance under certain circumstances. Sections 603(1), 604(c), 604(e), and 615(d). This practice is known as "prescreening" and typically involves obtaining from a CRA a list of consumers who meet certain preestablished criteria. If any person intends to use prescreened lists, that person must (1) before the offer is made, establish the criteria that will be relied upon to make the offer and to grant credit or insurance, and (2) maintain such criteria on file for a three-year period beginning on the date on which the offer is made to each consumer. In addition, any user must provide with each written solicitation a clear and conspicuous statement that:

- Information contained in a consumer's CRA file was used in connection with the transaction.
- The consumer received the offer because he or she satisfied the criteria for credit worthiness or insurability used to screen for the offer.
- Credit or insurance may not be extended if, after the consumer responds, it is determined that the consumer does not meet the criteria used for screening or any applicable criteria bearing on credit worthiness or insurability, or the consumer does not furnish required collateral.
- The consumer may prohibit the use of information in his or her file in connection with future prescreened offers of credit or insurance by contacting the notification system established by the CRA that provided the report. The statement must include the address and toll-free telephone number of the appropriate notification system.

In addition, the CFPB has established the format, type size, and manner of the disclosure required by Section 615(d), with which users must comply. The relevant regulation is 12 CFR 1022.54.



## **VIII. OBLIGATIONS OF RESELLERS**

### **A. Disclosure and Certification Requirements**

Section 607(e) requires any person who obtains a consumer report for resale to take the following steps:

- Disclose the identity of the end-user to the source CRA.
- Identify to the source CRA each permissible purpose for which the report will be furnished to the end-user.
- Establish and follow reasonable procedures to ensure that reports are resold only for permissible purposes, including procedures to obtain:
  - (1) the identify of all end-users;
  - (2) certifications from all users of each purpose for which reports will be used; and
  - (3) certifications that reports will not be used for any purpose other than the purpose(s) specified to the reseller. Resellers must make reasonable efforts to verify this information before selling the report.

### **B. Reinvestigations by Resellers**

Under Section 611(f), if a consumer disputes the accuracy or completeness of information in a report prepared by a reseller, the reseller must determine whether this is a result of an action or omission on its part and, if so, correct or delete the information. If not, the reseller must send the dispute to the source CRA for reinvestigation. When any CRA notifies the reseller of the results of an investigation, the reseller must immediately convey the information to the consumer.

### **C. Fraud Alerts and Resellers**

Section 605A(f) requires resellers who receive fraud alerts or active duty alerts from another consumer reporting agency to include these in their reports.

## **IX. LIABILITY FOR VIOLATIONS OF THE FCRA**

Failure to comply with the FCRA can result in state government or federal government enforcement actions, as well as private lawsuits. Sections 616, 617, and 621. In addition, any person who knowingly and willfully obtains a consumer report under false pretenses may face criminal prosecution. Section 619.

**The CFPB's website, [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore), has more information about the FCRA, including publications for businesses and the full text of the FCRA.**

### **Citations for FCRA sections in the U.S. Code, 15 U.S.C. § 1681 et seq.:**

Section 602	15 U.S.C. 1681
Section 603	15 U.S.C. 1681a
Section 604	15 U.S.C. 1681b
Section 605	15 U.S.C. 1681c
Section 605A	15 U.S.C. 1681c-A
Section 605B	15 U.S.C. 1681c-B
Section 606	15 U.S.C. 1681d
Section 607	15 U.S.C. 1681e
Section 608	15 U.S.C. 1681f
Section 609	15 U.S.C. 1681g
Section 610	15 U.S.C. 1681h
Section 611	15 U.S.C. 1681i
Section 612	15 U.S.C. 1681j
Section 613	15 U.S.C. 1681k

Section 614	15 U.S.C. 1681l
Section 615	15 U.S.C. 1681m
Section 616	15 U.S.C. 1681n
Section 617	15 U.S.C. 1681o
Section 618	15 U.S.C. 1681p
Section 619	15 U.S.C. 1681q
Section 620	15 U.S.C. 1681r
Section 621	15 U.S.C. 1681s
Section 622	15 U.S.C. 1681s-1
Section 623	15 U.S.C. 1681s-2
Section 624	15 U.S.C. 1681t
Section 625	15 U.S.C. 1681u
Section 626	15 U.S.C. 1681v
Section 627	15 U.S.C. 1681w
Section 628	15 U.S.C. 1681x
Section 629	15 U.S.C. 1681y

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*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed



or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549

Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

APPLICANT'S NAME	OTHER NAME USED	SOCIAL SECURITY NO.
DATES OF EMPLOYMENT	POSITION	
EMPLOYED AS:		
REASON FOR LEAVING		
<p>I AUTHORIZE MY FORMER EMPLOYER _____          TO RELEASE ANY WORK RELATED INFORMATION REGARDING MY PAST EMPLOYMENT AND DO HEREBY UNCONDITIONALLY          RELEASE YOUR ORGANIZATION FROM ALL LIABILITY FROM ANY DAMAGE WHATSOEVER WHICH MIGHT RESULT FROM          FURNISHING SAME.</p>		
_____ Signature of Applicant		_____ Date

## REFERENCE CHECK

The person named above has applied with Pershing Memorial Hospital. Please verify the above information, complete this section and return the form. Thank you.

1. DOES THE ABOVE INFORMATION CORRESPOND WITH YOUR RECORDS?  YES  NO  
 IF NO, PLEASE STATE CORRECT INFORMATION.

\_\_\_\_\_

\_\_\_\_\_

### EVALUATION

	Excellent	Very Good	Good	Poor
Quality of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of safety measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming/Attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. IS THIS PERSON ELIGIBLE FOR RE-HIRE?  YES  NO

3. IF NOT ELIGIBLE FOR RE-HIRE, PLEASE EXPLAIN:

\_\_\_\_\_

4. COMMENTS

\_\_\_\_\_

\_\_\_\_\_

5. EVALUATOR'S SIGNATURE

TITLE

DATE

**THANK YOU FOR YOUR ASSISTANCE**

\_\_\_\_\_  
HUMAN RESOURCES DEPARTMENT

\_\_\_\_\_  
DATE

APPLICANT'S NAME	OTHER NAME USED	SOCIAL SECURITY NO.
DATES OF EMPLOYMENT		POSITION
EMPLOYED AS:		
REASON FOR LEAVING		
<p>I AUTHORIZE MY FORMER EMPLOYER _____          TO RELEASE ANY WORK RELATED INFORMATION REGARDING MY PAST EMPLOYMENT AND DO HEREBY UNCONDITIONALLY          RELEASE YOUR ORGANIZATION FROM ALL LIABILITY FROM ANY DAMAGE WHATSOEVER WHICH MIGHT RESULT FROM          FURNISHING SAME.</p>		
Signature of Applicant		Date

### REFERENCE CHECK

The person named above has applied with Pershing Memorial Hospital. Please verify the above information, complete this section and return the form. Thank you.

1. DOES THE ABOVE INFORMATION CORRESPOND WITH YOUR RECORDS?  YES  NO  
 IF NO, PLEASE STATE CORRECT INFORMATION.

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#### EVALUATION

	Excellent	Very Good	Good	Poor
Quality of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of safety measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming/Attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. IS THIS PERSON ELIGIBLE FOR RE-HIRE?  YES  NO

3. IF NOT ELIGIBLE FOR RE-HIRE, PLEASE EXPLAIN:

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4. COMMENTS

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5. EVALUATOR'S SIGNATURE

TITLE

DATE

**THANK YOU FOR YOUR ASSISTANCE**

\_\_\_\_\_  
 HUMAN RESOURCES DEPARTMENT

\_\_\_\_\_  
 DATE

APPLICANT'S NAME	OTHER NAME USED	SOCIAL SECURITY NO.
DATES OF EMPLOYMENT	POSITION	
EMPLOYED AS:		
REASON FOR LEAVING		
<p>I AUTHORIZE MY FORMER EMPLOYER _____          TO RELEASE ANY WORK RELATED INFORMATION REGARDING MY PAST EMPLOYMENT AND DO HEREBY UNCONDITIONALLY          RELEASE YOUR ORGANIZATION FROM ALL LIABILITY FROM ANY DAMAGE WHATSOEVER WHICH MIGHT RESULT FROM          FURNISHING SAME.</p>		
_____ Signature of Applicant		_____ Date

## REFERENCE CHECK

The person named above has applied with Pershing Memorial Hospital. Please verify the above information, complete this section and return the form. Thank you.

1. DOES THE ABOVE INFORMATION CORRESPOND WITH YOUR RECORDS?  YES  NO  
 IF NO, PLEASE STATE CORRECT INFORMATION.

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EVALUATION	Excellent	Very Good	Good	Poor	
Quality of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. IS THIS PERSON ELIGIBLE FOR RE-HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO
Quantity of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. IF NOT ELIGIBLE FOR RE-HIRE, PLEASE EXPLAIN:
Acceptance of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. COMMENTS
Knowledge of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to relate to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to relate to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of safety measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. EVALUATOR'S SIGNATURE
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grooming/Attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TITLE <span style="float: right;">DATE</span>

**THANK YOU FOR YOUR ASSISTANCE**

\_\_\_\_\_  
HUMAN RESOURCES DEPARTMENT

\_\_\_\_\_  
DATE

PERSONAL REFERENCE CHECK

Applicant's Name \_\_\_\_\_

Other Name Used \_\_\_\_\_ SS# \_\_\_\_\_

I authorize my reference to release personal related information and do hereby unconditionally release your organization from all liability from any damage whatsoever which might result from furnishing same.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

The person named above has applied for a position with Pershing Health System. Please verify the above information, complete this section and return the form. Thank you for your assistance.

- 1. How long have you known the applicant? \_\_\_\_\_
- 2. Do you consider this person to be honest in business and social dealings? \_\_\_\_\_
- 3. Do you consider this person to be loyal? \_\_\_\_\_
- 4. How would you rate this persons morals? \_\_\_\_\_ Very Good \_\_\_\_\_  
Good \_\_\_\_\_ Not Good.
- 5. Do you consider this person to be a team player, and cooperative with others? \_\_\_\_\_ Yes  
\_\_\_\_\_ No
- 6. Is this person always punctual to meetings and social events? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7. Is this person always clean, well groomed, and dressed appropriately? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 8. If you were the employer would you hire this individual? \_\_\_\_\_ Yes \_\_\_\_\_ No

Evaluator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

PERSONAL REFERENCE CHECK

Applicant's Name \_\_\_\_\_

Other Name Used \_\_\_\_\_ SS# \_\_\_\_\_

I authorize my reference to release personal related information and do hereby unconditionally release your organization from all liability from any damage whatsoever which might result from furnishing same.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

The person named above has applied for a position with Pershing Health System. Please verify the above information, complete this section and return the form. Thank you for your assistance.

- 1. How long have you known the applicant? \_\_\_\_\_
- 2. Do you consider this person to be honest in business and social dealings? \_\_\_\_\_  
\_\_\_\_\_
- 3. Do you consider this person to be loyal? \_\_\_\_\_
- 4. How would you rate this persons morals? \_\_\_\_\_ Very Good \_\_\_\_\_  
Good \_\_\_\_\_ Not Good.
- 5. Do you consider this person to be a team player, and cooperative with others? \_\_\_\_\_ Yes  
\_\_\_\_\_ No
- 6. Is this person always punctual to meetings and social events? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7. Is this person always clean, well groomed; and dressed appropriately? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 8. If you were the employer would you hire this individual? \_\_\_\_\_ Yes \_\_\_\_\_ No

Evaluator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

PERSONAL REFERENCE CHECK

Applicant's Name \_\_\_\_\_

Other Name Used \_\_\_\_\_ SS# \_\_\_\_\_

I authorize my reference to release personal related information and do hereby unconditionally release your organization from all liability from any damage whatsoever which might result from furnishing same.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

The person named above has applied for a position with Pershing Health System. Please verify the above information, complete this section and return the form. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_
2. Do you consider this person to be honest in business and social dealings? \_\_\_\_\_  
\_\_\_\_\_
3. Do you consider this person to be loyal? \_\_\_\_\_
4. How would you rate this persons morals? \_\_\_\_\_ Very Good \_\_\_\_\_  
Good \_\_\_\_\_ Not Good.
5. Do you consider this person to be a team player, and cooperative with others? \_\_\_\_\_ Yes  
\_\_\_\_\_ No
6. Is this person always punctual to meetings and social events? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Is this person always clean, well groomed; and dressed appropriately? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. If you were the employer would you hire this individual? \_\_\_\_\_ Yes \_\_\_\_\_ No

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_