



CONSUMER AUTHORIZATION AND RELEASE

In connection with Saint Francis Health System or its affiliates considering me for employment, continued employment, promotion, reassignment, volunteering, education or training purposes, I authorize and understand Saint Francis Health System and its affiliates and/or its third-party contractor may conduct inquiries into my background which may include information on my character, consumer credit reports, criminal records, driving records, personal and employment references and personal characteristics from public record sources or through personal interviews with previous employers, references or others.

I authorize, without reservation, any person or entity contacted by Saint Francis Health System, Inc., its affiliates, or its third-party contractor to furnish the above stated information. I release any such person or entity from any and all liability for furnishing such information. I further release Saint Francis Health System, Inc., its affiliated companies, their officers, employees and agents, and its third-party contractor, its affiliated companies, their officers, employees and agents, from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization or made during the employment or education process, will disqualify me from consideration for employment, education, training or result in my immediate discharge if employed.

By my execution hereof, I acknowledge notification advising me that a report will be requested or used for the purpose of evaluating me for employment, continued employment, promotion, reassignment, education or training purposes as an employee or student I have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act

Name – Print	Social Security Number	Date of Birth
Drivers License Number		

Past Addresses

Please list places of residence within the last 5 years

1 City	County	State	Zip
2 City	County	State	Zip
3 City	County	State	Zip
4 City	County	State	Zip
5 City	County	State	Zip

Signature _____

Date _____