



BACKGROUND & CREDIT CHECK DISCLOSURE AND AUTHORIZATION FORM

DISCLOSURE

This form, which you should read carefully, has been provided to you because a Tenet Healthcare facility (the "Company") may request consumer reports on you from a consumer reporting agency. The Company will use any such report(s) solely for employment purposes, including those associated with contractors, students, volunteers, physicians and other performing work for the Company.

Consumer reports on you will be obtained by the Company from HireRight, Inc., ("HireRight") located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 1 800-400-2761. Information that may be obtained includes social security number verification; criminal records, public court records, educational records, verification of employment positions held and verification of licensing and certifications. The information contained in these reports may be obtained by HireRight from private and/or public record sources including sources identified by you in your job application.

- A credit history will be procured *only* if the position you are applying for has fiduciary or cash handling responsibility, you would be issued a corporate credit card once employed, or if you will be entering into a relocation agreement.
- A driving records check will be procured *only* if the position you are applying for requires a valid driver's license.

With this Disclosure and Authorization form you are also being provided a copy of a "Summary of Your Rights Under the Fair Credit Reporting Act" as issued by the Federal Trade Commission.

AUTHORIZATION

By signing your name below you :

- Indicate you have carefully read and understand this Disclosure and Authorization form
- Consent to the release of consumer reports to the Company in conjunction with your job application
- Understand that if the Company hires you, your consent will apply throughout your employment unless you revoke or cancel your consent in writing by sending a signed letter or statement to the company
- Authorize the disclosure to HireRight of information concerning your employment history, earning history, education, criminal history, credit history (when pertinent to the position being applied for) and motor vehicle history (when pertinent to the position being applied for).

This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Signature: _____ Date: _____

Print or Type: Last Name: _____ First Name: _____

Middle: _____

Social Security # _____ Date of Birth (for ID purposes only) _____

Present Address: _____

City/State/Zip: _____

For California Facilities and residents of California, Minnesota and Oklahoma: Please check the appropriate box below.

I would like a copy of the report.

I waive my right to receive a copy of the report.

If you live or are applying for a job in the state of California, please review this additional notice: You may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification



**CONTRACT WORKER/VOLUNTEER
BACKGROUND INFORMATION SHEET**

For All Positions:

Position Desired: _____ Facility Name: _____

Personal Data:

Name as it appears on Social Security card: _____

Other Names Used: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

State Issued: _____ Expiration Date: _____

Education:

School Attended: _____

City/State: _____

Degree Earned: _____ Date Earned: _____

License:

License Type: _____ License Number: _____

State Issued: _____