Request for Background Profile

Please upload or fax this form to 1-800-818-5212

Section 1 Client Information

COMPANY NAME Hospice of Washington County Location: _____

REQUESTOR NAME Kathy Lewis, RN, DHSc DATE _____

As the requestor, by completing this form I hereby certify that, BEFORE submitting this request for a background report:

- A clear and conspicuous stand-alone disclosure, in a document consisting solely of the disclosure, has been made in writing to the consumer;
- The disclosure satisfied all requirements identified in the Fair Credit Reporting Act (15 U.S.C. § 1681b) and other applicable state and local laws;
- I have obtained the consumer's written authorization to order a background report, and am authorized to view background reports on behalf of my Company (listed above);
- I will only use the information contained in this report for a permissible purpose as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681, specifically, for employment purposes or to evaluate workers being staffed at my Company, and not for any other purpose;
- I will follow the adverse action requirements in the Fair Credit Reporting Act and any applicable laws. I will not take action based in whole or in part on information in a background report until I provide the consumer with a copy of the background report, the document entitled "A Summary of Your Rights Under the FCRA," and any applicable state law rights or required documents, and until I have given the consumer reasonable time to consider or dispute any inaccurate or incomplete information in the report before taking adverse action;
- I will comply with all applicable local, state, and federal laws and regulations including all equal employment opportunity laws and regulations relating to the use of the information contained in any background report; and
- I agree to indemnify and hold harmless TriCor Employment Screening for any damages arising out of my improper or unauthorized use of any background reports or any other information provided to me by TriCor Employment Screening.

Section 2 Check type of search to be completed

☑ **Volunteer Package:**

- County Criminal searches based off ID Trace
- Federal Criminal searches based off ID Trace
- Sex Offender Search

If requesting **Education, Professional License or Employment Verification** please include the completed employment application and the applicant/employee's authorization along with this form.

Section 3 Applicant Information (Print or Type)

Subject Name _____ _____ _____/_____
First Name Middle Last Name Maiden Name

Address _____City _____ State _____ Zip Code _____

Social Security Number _____-_____-_____ Date of Birth _____/_____/_____

Drivers License Number _____ State _____

State(s) where Applicant will be working: ST:_____ ST:_____ ST:_____ ST: _____

Criminal/Federal Locations to Search (IF NOT BASED ON SS# TRACE/ID SEARCH PLUS REPORT)

(1) County _____ State _____ (2) County _____ State _____

(3) County _____ State _____ (3) County _____ State _____

IMPORTANT WARNING: This facsimile is a privileged communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and dispose the information properly or return to sender by mail at the address listed below.

hospice
of washington county

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Hospice of Washington County, Inc. may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **TriCor Employment Screening, 110 Blaze Industrial Pkwy Suite C, Berea, OH 44017, (800) 818-5116, and https://tricorinfo.com/.** The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature: _____ Date: _____

[End of Document]
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747 Northern Avenue
Hagerstown, MD 21742

P 301-791-6360
E info@hospiceofwc.org
hospiceofwc.org

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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE 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 those documents. I hereby authorize the obtaining of "consumer reports" by Hospice of Washington County, Inc. at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **TriCor Employment Screening, 110 Blaze Industrial Pkwy Suite C, Berea, OH 44017, (800) 818-5116, and https://tricorinfo.com/** and/or Employer.

New York applicants only: Upon request, you will be informed whether or not a consumer report and/or investigative consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a free copy of a consumer report if one is obtained by the Employer. ☐

You acknowledge and authorize Hospice of Washington County, Inc. to provide any notices required by federal, state or local law to you at the email address(es) you provided to the Hospice of Washington County, Inc..

Signature: _____ Date: _____

[End of Document]

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DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT"

BACKGROUND INVESTIGATION

Hospice of Washington County, Inc., to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **TriCor Employment Screening, 110 Blaze Industrial Pkwy Suite C, Berea, OH 44017, (800) 818-5116, and https://tricorinfo.com/**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

[End of Document]

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