



**BRONSON HEALTHCARE GROUP
VOLUNTEER SERVICES DEPARTMENT**

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

**Bronson South Haven Hospital, Auxiliary Coordinator
Phone: (269) 637-5271 x2203**

**Contact: Jeff Melvin
Fax: (269) 639-2924**

In connection with my application for employment (including volunteer service), I understand that investigative background inquiries are to be made on me, which may include consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a *current* employer for verification, I may jeopardize my position within that company.

I authorize without reservation, any party or agency contracted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from **Universal Background Screening** and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurements of the above-mentioned reports at any time during my employment (or contract) and have received a copy of the Consumer Reports Notification regarding pulling of such consumer reports.

Applicant Signature: _____ **Date:** _____

Please PRINT clearly:

Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____

*Race: White Black Hispanic Asian Native American Other (Multi)

*Gender: Male Female **Date of Birth:** ____/____/____
Month Day Year

Previous Name(s) including Maiden Name:

Current Address:

Street City State Zip

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.