

Lowcountry Medical Group, LLC

Disclosure and Authorization for the Release of Information

Lowcountry Medical Group will use Research Services, LLC, a consumer reporting agency (CRA) as an agent to perform its employment related background check. The agency will provide a written report of its findings to Lowcountry Medical Group. I understand my prospective employer intends to utilize the investigation into my background for employment purposes only, and shall not disclose such information to any other party.

Above named CRA, Research Services, LLC. may utilize various sources of information including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal Americans with Disabilities Act, Department of Motor Vehicle driving records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Lowcountry Medical Group, and Research Services, LLC, a CRA.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Lowcountry Medical Group if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Lowcountry Medical Group. I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request to Research Services, LLC 124 Simsbury Road Building One, Avon, CT., 06001. California residents will automatically receive a copy of the report within 7 days of delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

*****PLEASE FILL OUT THIS FORM COMPLETELY*****

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___
(If "YES", in what State? _____ Year ___)

Print Name: _____

List ALL other first & last names ever used: _____
(PRINT NAME)(YEAR LAST USED) (PRINT NAME)(YEAR LAST USED)

Soc. Sec. # _____ Date of Birth _____

Driver's License #: _____ State Issued: _____ Expires: _____

CURRENT Street Address: _____

City _____ State _____ Zip _____ How long at address? _____

PREVIOUS Street Address: _____

City _____ State _____ Zip _____ How long at address? _____

Last School/College Attended _____ State _____ Last Year attended? _____

Did you Graduate? _____ If you graduated, indicate _____ Certificate _____ GED _____ Diploma

Registered and/or Graduated under what name? _____

Applicant's Signature: _____

For EMPLOYER Use Only: Requested by _____ PH: _____ FX: _____

Lowcountry Medical Group

Criminal (Indicate States) _____ Driver History _____ Employment _____ (#) Education _____ (#)

Social Security _____ Professional License _____ Sex Offender Registry _____ Incarceration _____ Credit _____

Student Conduct _____ Other _____

Phone: 860-678-0066

Fax: 860-678-0077 or 860-678-0099