

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Memphis OBGYN (the Company) may obtain information about you from a third party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). 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 credit history, 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 **TeamScreen Solutions LLC, 12980 Foster Street, Suite 170, Overland Park, KS 66213; Tel. No. #866.367.8555; www.teamscreen.net.**

Signature: _____ Date: _____

Printed Name: _____

End of Document

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" and/or "investigative consumer reports" by Memphis OBGYN at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, 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 **TeamScreen Solutions LLC, 12980 Foster Street, Suite 170, Overland Park, KS 66213; Tel. No.: 866.367.8555; www.teamscreen.net** and/or Memphis OBGYN. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____

Date: _____

Printed Name: _____

- Please check this box if you would like to receive correspondence related to an investigative consumer report or consumer credit report and FCRA notices via email.

If yes, please provide your email address here: _____

BACKGROUND INFORMATION*

Last Name _____ First _____ Middle _____

Other Names/Alias/Maiden Name _____

Social Security* # _____ Date of Birth* _____

Driver's License* # _____ State of Driver's License* _____

Email Address _____ Phone Number _____

Present Address, Apt. # _____
City/State/Zip _____

Past Address, Apt. # _____
City/State/Zip _____

Past Address, Apt. # _____
City/State/Zip _____

*This **background information*** will be used for background screening purposes only and will not be used as hiring criteria.

