

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

, the parent or legal guardian of _____ understand that in conjunction with my minor child's application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Monterey Park Hospital** will use the services of an outside agency to research and verify the information they have provided on the application for employment including personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Monterey Park Hospital**. **Monterey Park Hospital** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Monterey Park Hospital**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report on my minor child and understand that it may contain information about their character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for the term of Work of my minor child from the date indicated next to my signature. According to the Fair Credit Reporting Act, my minor child will be notified by **Monterey Park Hospital** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, my I will be given a full and accurate disclosure as to the nature and substance of all information provided on my minor child to **Monterey Park Hospital**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 3009 Douglas Blvd., 3rd Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF the minor child is applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signature of Parent or Legal Guardian Today's Date

Minor Child's Name as it appears on birth certificate Position Applied For

Social Security Number / / **Date of Birth** _____
Driver's License Number (if issued) **State**

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr

Current Address:	Street Apt.# City State Zip Code	/	From / To?
Former Address:	Street Apt.# City State Zip Code	/	From / To?
Former Address:	Street Apt.# City State Zip Code	/	From / To?
Former Address:	Street Apt.# City State Zip Code	/	From / To?