STERLING

PRINT CHARACTERS LIKE THIS	CORRECT	INCORRECT
ABCDE 98765	●	✓ ✗ ✗

Consent to Request Consumer Report & Investigative Consumer Report Information

First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

Male ○ Female ○

Social Security Number

Primary Telephone Number (no dashes)

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

Email Address

I understand that University of Virginia Health System ('COMPANY') will utilize the services of **Sterling InfoSystems Inc., 249 West 17th Street, New York, NY 10011**, **(800) 899-2272** to obtain a consumer report and/or investigative consumer report as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, to the extent permitted by law, COMPANY may obtain further information through subsequent investigations by STERLING so as to update, renew or extend my employment.

I understand **Sterling InfoSystems Inc.** ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, driving record, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the COMPANY receives my request or five days after the investigative consumer report was requested, whichever is later.

☐ By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any COMPANY request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights.

This consent will not affect my ability to question or dispute the accuracy of any information contained in my report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my report, I will be provided with a copy of the report and another description in writing of my rights under the federal Fair Credit Reporting Act and, as required by law, any related state summary of rights, and if I disagree with the accuracy of the purported disqualifying information in the report, I must notify COMPANY within five business days of my receipt of the report that I am challenging the accuracy of such information with **Sterling InfoSystems Inc.**

I hereby consent to this investigation and authorize COMPANY to procure a consumer report(s) and/or investigative consumer report on my background as stated above from a consumer reporting agency and/or investigative consumer reporting agency.

In order to verify my identity for the purposes of background identification, I am voluntarily releasing my date of birth, social security number and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

☐ **Minnesota & Oklahoma Applicants Only:** I have the right to request a copy of the consumer report obtained by COMPANY from STERLING by checking the box. STERLING will mail the consumer report directly to me. I wish to receive a copy of the consumer/investigative consumer report. (Check only if you wish to receive a copy.)

☐ **Maine Applicants Only:** By checking the box, I indicate that I wish to receive the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report.

☐ **Washington State Applicants Only (AS APPLICABLE):** I further understand that COMPANY will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. (If this option is checked, complete the question below.)

Reasons why COPMANY considers information about "credit worthiness, credit standing, or credit capacity" as substantially job related: _____

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may review and receive a copy of any investigative consumer report by contacting the consumer reporting agency. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

_____ _____

Signature: **Today's Date:**

249 West 17th Street, 6th Floor, New York, NY 10011 • Telephone 212-812-1020 • 877-424-2457 • Facsimile 646-536-5239