



**Acknowledgement and Authorization for
Consumer Reports
Background Authorization**

In connection with your application for employment (including contract for services), with *Urgent Medical Staffing Solutions LLC*, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports for *Urgent Medical Staffing Solutions LLC* and any other company with which they contract for your services. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during your continued employment or contract for services. You also agree that a fax for photocopy of this authorization with your signature shall be accepted with the same authority as the original.

Print Full Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ **Date of Birth:** _____

Drivers License Number: _____ **State:** _____

Signature: _____ **Date:** _____