

DISCLOSURE STATEMENT & AUTHORIZATION

This is to inform you that, as part of our procedures for processing your employment application and at any time during the course of your employment, RWJBarnabas Health (“RWJBH”) may procure a consumer report and/or investigative consumer report for employment purposes. Such report may contain information bearing on your credit standing, character, general reputation, personal characteristics, mode of living, criminal background, driver’s record history, employment history and education history (as applicable). An investigative consumer report, where obtained, involves personal interviews with sources such as neighbors, friends, employees, etc.

Where an investigative consumer report is requested, you shall have the right, upon written request made within a reasonable period of time, to additional information concerning the nature and scope of the investigation and to be furnished with the name and address of the consumer reporting agency to which such request was made.

By signing below, I acknowledge that I have read this Disclosure Statement & Authorization. I hereby authorize RWJBarnabas Health to obtain a consumer report and/or investigative consumer report on me for employment purposes at any time prior to or during my employment with RWJBarnabas Health. I also hereby acknowledge receipt of the document titled “A Summary of Your Rights Under the Fair Credit Reporting Act.”

Please complete form by **PRINTING CLEARLY AND LEGIBLY**, sign and date this form in the spaces provided below and retain a copy for your files.

Signature: _____ **Date:** _____

Printed Name: _____ **DOB:** _____

Home Address: _____

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

Additional Names Used (Maiden) **Social Security Number**

Email Address: _____

Phone Number: _____

FOR THOSE USING COMPANY VEHICLES ONLY:	
_____ Driver’s License Number	_____ State