

MEDICAL CENTER OF CENTRAL GEORGIA
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

We truly welcome your application for employment with the Medical Center of Central Georgia. We are proud of our success and recognize it as the result of the quality and caliber of the employees in our organization. In pursuit of that excellence, we require as a condition of employment and/or continued employment that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application and résumés.

This release and authorization acknowledges that this company and MBI, a consumer reporting agency, may now, or at any time while you are employed, administer testing instruments, conduct and retrieve a verification of your education, previous employment/work history, credit record, contact personal references, require that you provide a urine/breath/blood specimen to be tested for the presence of drugs or alcohol, access motor vehicle records, worker's compensation records and to receive any criminal history record pertaining to you which may be in the files of any federal, state, county or local criminal justice agency in any State and/or other information deemed necessary to fulfill the job requirements. The information received may include, but may not be limited to, the aforementioned agencies. The results of this verification process will be used to determine employment eligibility. Convictions for a felony or misdemeanor will not necessarily be a bar to employment.

I authorize MBI Worldwide South of Herrin, Illinois (referred to as "MBI") and any of its agents/designated representatives to disclose orally, electronically, and in writing the results of this verification process and/or interview to the designated authorized representatives of this Company.

I do hereby forever release and discharge the Company, its agents, MBI, and its associates to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or any other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by the Company and to receive orally, written or electronically a copy of the consumer report and a description of the rights of a consumer. I agree that any copy of this document is as valid as the original.

I hereby certify that all of the statements and answers set forth on the application form and/or my résumé are true and complete to the best of my knowledge. I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false information or omissions will be considered as cause for possible dismissal.

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application for employment. It is used for identification purposes in verifying information for employment background verification. Please print clearly all information requested for the past seven years.

Applicant: _____ Location # _____

Social Security # _____ Sex _____ Race _____ Date of Birth: _____

Current Address: _____ Yrs. ____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

RESIDENT ADDRESSES FOR STATES OTHER THAN CURRENT STATE DURING THE PAST 7 YEARS

Previous Address: _____ Yrs. ____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____ Yrs. ____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

DR Lic # _____ State: _____ *Signature*: _____ Date: _____

MBI Worldwide (Phone) 866-275-4624 (Fax) 618-942-8810