

APPLICATION DISCLOSURE/RELEASE

Cogdell Memorial Hospital

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report+ may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report+ in connection with your application for employment and/or continued employment.

Social Security Number: _____ *Date of Birth: _____

Applicants Last Name: _____

Applicants Other Last Names: _____

Applicants (printed) First Name: _____

Applicants Middle Name : _____

Current Address

Address: [] Apt#: []

City: [] State [] Zip. []

*for consumer report purposes only

List all cities, states and counties lived in for the last SEVEN YEARS.

Table with 3 columns: City, State, County. Rows 1-4.

+ A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

I certify that all of the information provided by me on this application disclosure is true, correct and complete. I have not withheld and information requested on this application disclosure.

Applicant's Signature

Today's date