

# CONCORD EMS EMPLOYMENT SCREENING DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with **Concord EMS**.

I hereby fully release and discharge Concord EMS and ADP Avert, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or ADP Avert from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. **I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If hired, this authorization shall remain on file and shall serve as ongoing authorization for Concord EMS to procure consumer reports at any time during my employment period.**

In connection with my application for employment (including contract for services) with Concord EMS, I understand that an investigative consumer report and consumer reports, which contain public record information, may be requested from ADP Avert. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, any information relating to my character, general reputation, personal characteristics, mode of living, education background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information concerning criminal records, from federal, state and other agencies, which maintain such records.

<p>For the purposes of gathering this information, I agree to supply the following information:</p> <p>Date of Birth _____      ___ Male      ___ Female</p> <p>Social Security Number: _____</p>
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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant's Name