



Background Check Authorization Form

Pacific Coast Mobile Radiology, Inc.

Applicant Agreement and Release

I, the undersigned applicant, certify that all information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that falsification of any information on company documents may result in denial of employment or termination of employment.

In connection with my application for employment, I understand that investigative background inquiries may be made about me, which can include, but are not limited to: consumer credit history, education verification, criminal convictions, motor vehicle records, workers' compensation history, and other relevant checks. These reports may include information regarding my character, general reputation, work habits, performance, and experience, including reasons for termination from previous employment.

I authorize, without reservation, any party or agency contacted by Pacific Coast Mobile Radiology, Inc. to furnish the above-mentioned information before or during my employment. This information will be used solely for employment eligibility determination and will be kept in a confidential file, separate from my general personnel file.

I release all persons and agencies providing such information from any and all claims, damages, or liabilities arising from the release of this information. I agree that a photocopy or facsimile of this document shall be as valid as the original.

I further agree to forever release and discharge Pacific Coast Mobile Radiology, Inc., to the full extent permitted by law, from any claims, damages, losses, liabilities, costs, and expenses, or other charges arising from the retrieval and use of this information. I understand that, under the Federal Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied based on information in a consumer credit report.

Applicant Information and Signature

Full Name: _____

Current Address: _____

Social Security Number: _____

Date of Birth: _____

Sex: _____

Race: _____

Driver's License Number: _____

Issuing State: _____

Applicant Signature: _____

Date: _____

Applicant Request for Records

If the company obtains records from a consumer reporting agency (e.g., credit report), please select one:

☐ I would like a copy of the report

☐ I would not like a copy of the report

Applicant Data for Background Checking Purposes

(Release from page 1 applies to this information)

Position Applied For: _____

Have you lived in any other states or countries?

☐ Yes

☐ No

If yes, list each state/country and the dates you lived there:

State/Country: _____ From: _____ To: _____

Former Address: _____

State/Country: _____ From: _____ To: _____

Former Address: _____

State/Country: _____ From: _____ To: _____

Former Address: _____

Have you had a valid driver's license in any other state?

☐ Yes

☐ No

If yes, list:

State: _____ Driver's License Number: _____

State: _____ Driver's License Number: _____

Are you known by any other name (e.g., maiden name)?

☐ Yes

☐ No

If yes, list name(s): _____

Have you ever been issued or used another Social Security Number?

☐ Yes

☐ No

If yes, list SSN(s): _____