

RELEASE AND AUTHORIZATION

I, _____, in connection with my application for employment at **American Academy of Ophthalmology (the Academy)**, hereby authorize **the Academy** and **Employment Screening Resources (ESR)** a Consumer Reporting Agency, to perform a pre-employment background screening check (including future screenings for retention, reassignment or promotion if applicable unless revoked in writing). I understand and agree to the following:

A background check is not only for the benefit of the company as a sound business practice, but also for the benefit of all employees. It is no reflection on me as an applicant. I HAVE SIGNED A SEPARATE DISCLOSURE DOCUMENT CONCERNING MY RIGHTS.

2) All reports are **confidential** and provided to the above employer for employment decisions only. In the event that I am employed through a staffing firm or other agency, the report may be released to the place of employment where I am actually working. Reports are done in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. **ESR** does not make or give any hiring opinions.

3) I may review or obtain a copy of my report as provided by law. **ESR** may be contacted by writing to: Employment Screening Resources, 1620 Grant Ave., Suite 7, Novato, CA 94945 (Phone 888.999.4474).

4) **I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide driving records to provide all information that is requested to the Academy or ESR.**

5) I further release all of the above, including **the Academy** and **ESR**, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.

6) I agree that a copy or fax of this document shall be as valid as the original; ESR may contact me by phone to clarify information. (Area code and Phone): _____

Your signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

PLEASE PRINT CLEARLY. ANY INFORMATION THAT IS NOT LEGIBLE WILL CAUSE DELAY.

_____, _____, _____, _____
Last Name First Name Middle Name Social Security Number

Mo _____/day _____/year _____
Date of Birth (Month and day mandatory/Year optional) Former Names/other names used Date of Name Change

Name as it appears on Drivers License with Number and State of Issue

Or

Name as it appears on State I.D. with Number and State of Issue

May we contact your current employer? Yes _____ No _____

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES (USE BACK IF NEEDED)

CURRENT: _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER: _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER: _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER : _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER: _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER: _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

FORMER : _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE YEARS

DISCLOSURE

The **American Academy of Ophthalmology** has a policy of pre-employment background screening of job applicants as a condition of employment. This policy is a business necessity that protects everyone by helping to promote a safe and profitable workplace. All pre-employment inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the Fair Credit Reporting Act (FCRA). The screening will be conducted by an outside agency - Employment Screening Resources. As a result, the employer may obtain a Consumer Report and/or an Investigative Consumer report on you as an applicant or during employment.

1. A Consumer Report consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personnel references.

2. A Consumer Report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report to determine if a report on you has been requested, you may contact the employer or Employment Screening Resources at 888.999.4474, or at 1620 Grant Ave., Suite 7, Novato, CA 94945.

3. In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under this title, as prescribed by the Federal Trade Commission section 609(c) (3).

4. California Provisions: In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: you have the right to inspect ESR's files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individuals shows proper identification and pays for any copying or toll charges; the applicant may be accompanied by one other person who must show proper identification; and trained ESR personnel will explain any of the information in the report and will provide written explanation for any coded information.

5. CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. ☐ Yes ☐ No

I, _____, hereby consent and authorize **American Academy of Ophthalmology** and/or, Employment Screening Resources (**ESR**) on the employer's behalf, to prepare a report as defined above for employment purposes before employment or anytime after employment.

Date_____

Signature _____

Print Name _____