COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

(Important: Please read carefully before signing.)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Covenant Health may conduct a background investigation as part of its screening and hiring process. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, credit header data, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. The primary objective of any investigation will be to verify information you provided on your application in connection with your application for employment or continued employment with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company, to the extent permitted by law. If you submit a timely written request to our personnel department, we will provide you with the name, address and phone number of the consumer reporting agency and the nature and scope of any investigative consumer report (if one is ordered). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Employment** Ohms Orange Tree Screening, 7275 Lane, Minneapolis, MN 55439, 800-886-4777, ***.orangetreescreening.com or another outside organization.

SUMMARY OF YOUR RIGHTS UNDER THE FCRA

The FCRA (Fair Credit Reporting Act) requires that we inform you that a background investigation may be conducted as part of the screening and hiring process. In the course of this screening process before any adverse action is taken, you will be provided a copy of the report and a comprehensive summary of your rights under the FCRA, as well as additional information on your rights under the law. For a full copy of your rights and other useful information visit:

***********ftc.gov/os/statutes/fcrajump.shtm

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777, their agents, and/or the Company itself. A photocopy of this document may be substituted for the original. I hereby authorize Orange Tree Employment Screening to affix my proxy signature in the furtherance of obtaining said reports.

Signature Of Applicant				Date	/	/
11	First	Middle	Last			
Printed Full Name of Applicant						
I affirm that the information provide	d on the attached fo	rms is true and accurat	te to the best of my	knowledg	ge.	
is obtained by the Company whenev	ě	•	1		rge ii oii	
California applicants or employees of REGARDING BACKGROUND IN if you would like to receive a copy of	VESTIGATION PU	JRSUANT TO CALIF	ORNIA LAW. Pl	ease check		
of a consumer report if one is obtain			•			
Minnesota and Oklahoma applicants	or employees only:	Please check this box	k if you would like	to receive	асору	
New York applicants or employees of New York Corrections Law. You have requested by the Company by contact	ave the right to insp	ect and receive a copy	of any investigativ	e consume		

Date of Birth:/ (Month,	Day, Year)			
Driver License # Social Security #//	Stat	te		
Other Names Used & Date Changed				
Social Security # / / / Other Names Used & Date Changed			(Year changed)	
Email Address:	Contact	t Phone Number:		
Professional License(s):	State(s):	Type(s):	Nu	mber(s):
May we contact your current employer?	Yes	_No		
Residence Addresses For The Past 7 Years: (a Street Address City, State & Zi			From Mo /Vr	To Mo /Vr
Current Address_	b Coue County		110m WO./ 11.	10 MO./ 11.
<u>Crim</u>	ninal History Que	<u>stionnaire</u>		
Have you ever been convicted of, plead guilty,	, no contest or nolo co	ontendere, to a n	nisdemeanor or	felony?*
*Do not report any conviction that has been seal under the First Offender's law, pardoned by the below. You are also not required to disclose vio	Governor or in which	state law allows y	ou to lawfully de	eny as set forth
_	Yes	No		
If yes, provide city, county, and state of convid	ction and date and na		ise, along with so	entencing
information. Enter N/A if this does not apply	•			
* California applicant/residents: You need not diversion program, or any misdemeanor convicti Do not list any marijuana-related misdemeanor of	ions for which probation	on has been succe	ssfully completed	d and discharged.
* Connecticut applicants/residents: You need	not disclose any convi	ction record that	has been erased p	
46b-146, 54-76o or 54-142a of the Connecticut Connecticut Connection of a finding of delinquency or that a clayouthful offender, a criminal charge that was dis	hild was a member of	a family with serv	vice needs, an ad	judication as a
guilty or received an absolute pardoned convictions sections may consider such events to have never	on. Any person whose	e records were era	sed within the m	
*Hawaii applicants/residents: Do not respond to *Kentucky applicants/residents: You do not respond to the state of the sta	to this question until y	ou have been give	en a conditional of	
conviction was more than five years ago. *Massachusetts applicants/residents: An appli	cant for employment	with a sealed reco	rd on file with th	e commissioner of
probation may answer "no" to the above with res				
or convictions. In addition, any applicant for em	ployment may answer	r "no" to the abov	e with respect to	any inquiry relative
to prior arrests, court appearances and adjudicati			hild in need of se	rvices which did not
result in a complaint transferred to the superior c You may exclude information regarding first cor			rs: drunkenness,	simple assault,

speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been

*Washington applicants/residents: You may exclude convictions that occurred over ten years ago.

convicted of another offense within the last 5 years.

The items of information requested below are required to process your background investigation. They are intended solely

for that purpose and will not be used in a discriminatory manner in business decisions.

Ver. 12072010

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Covenant Health intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777. The source of any credit report will be Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Ver. 12072010