

Dear Applicant,

In connection with your application with University Physicians Healthcare, please note that if you are a final candidate for a position with our organization, a consumer report may be requested that may include information regarding your character, along with reasons for termination of past employment from previous employers. This information may include motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available. Please sign below to indicate your acknowledgement of this notice of intent to verify background information and complete the attached form. We appreciate your cooperation, as UPH strives to ensure that those with whom we work are the best match for our commitment to excellence.

Applicant Name (printed)

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Applicant Signature

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Date

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# RELEASE AUTHORIZATION

This document authorizes this employer, or its research agent, to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the client to the extent that the information given is true and accurate:

- a. Criminal conviction records in any jurisdiction;
- b. Social Security Number Trace Report;
- c. Driving record in any state;
- d. Educational and Professional Certification records in any jurisdiction;
- e. Work performance, attendance, and job related information.

I agree to assist in this effort by contacting former employers and asking for full exposure of my employment history.

I further understand that information obtained may be used by this employer *in its sole discretion and without liability*, to determine eligibility for initial or continued employment, to grant or deny me permission to enter into employer property, or that of its affiliated companies. I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this information, that the rules governing its collection and use are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

This information is being verified by SECURITECH, INC. Any information or questions should be directed to the following address:

SECURITECH, INC.  
8230 E. Broadway Suite #E-10  
Tucson, Arizona 85710  
(520)721-0305  
FAX(520)721-7706

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

The following must be filled out completely for your application to be considered.  
(Please print)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN AND DATES THOSE NAMES WERE USED

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
STATE OF DRIVER'S LICENSE ISSUE

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

SUBSCRIBER CODE: UNI0575 KIN2800

BASIC  EMPL  MVR  OOT - CRIM  OOT - EMPL REF  ED VER  CERT VER  +75K  SEX OFF  OIG

OTHER INFORMATION REQUESTED: \_\_\_\_\_

**PLEASE PRINT: The following must be filled out completely for your application to be considered. Provide your home address for the last seven (7) years.**

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LAST NAME	FIRST NAME	MIDDLE INITIAL
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HOME ADDRESS	CITY, STATE	ZIP	DATES LIVED THERE
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HOME ADDRESS	CITY, STATE	ZIP	DATES LIVED THERE
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HOME ADDRESS	CITY, STATE	ZIP	DATES LIVED THERE
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HOME ADDRESS	CITY, STATE	ZIP	DATES LIVED THERE
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HOME ADDRESS	CITY, STATE	ZIP	DATES LIVED THERE
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HOME ADDRESS	CITY, STATE	ZIP	DATES LIVED THERE
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