

**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION**  
**DISCLOSURE**

As an applicant for employment or a current employee of **Doctors Care**, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, **Doctors Care** may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as **Doctors Care**.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize **Doctors Care** to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at **Doctors Care**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth