

INSTRUCTIONS FOR CONSUMER REPORTS

- All forms must be filled out and signed.
- The consumer is entitled to a copy of each document.

The process includes the following documents:

1. Disclosure
2. Authorization
3. Document titled “Information Regarding Your Rights”
4. Additional state/local notices if needed for the reports ordered
5. FCRA Summary of Rights

If you have questions call Insight Screening, LLC at (800) 615-8111.

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with West Anaheim Extended Care, I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following information: photograph, social security number, driver’s license number, your name, your address and medical or disability information), workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Acknowledged:

Signature

_____/_____/_____
Date

Printed Full Name

AUTHORIZATION

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by West Anaheim Extended Care (“Company”) and its consumer reporting agency Insight Screening, LLC. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Insight Screening, LLC. at P.O. 459 Rockvale, TN 37153, telephone number (800) 615-8111.

Printed Full Name: _____

Signature: _____

Date: ____/____/____

Email: _____; I do not have or want email _____
(Initial)

Mailing address: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____

Driver’s License No.: _____; State of Issue: _____

Other Names Used: _____

INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Insight Screening, LLC (“Agency”), P.O. Box 459 Rockvale, TN 37153, telephone number (800) 615-8111, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.insightsscreening.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

Personal information in MVRs means information that identifies you, such as your photograph, social security number, driver’s license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

Signature

_____/_____/_____
Date

**THE CALIFORNIA RESIDENTS ONLY
WITH A CONSUMER REPORT
Notice of Investigative Consumer Report**

In connection with your application for employment, we will order an investigative consumer report (as defined by California law). This report may contain information on your character, general reputation, personal characteristics and mode of living. This report is permitted because you are being considered to be hired, retained or promoted to the following position: _____

This report has been or will be ordered from Insight Screening, LLC., P.O. Box 459, Rockvale, TN 37153. Their telephone number is: (800) 615-8111 (“Agency”).

The scope of the report may include the following names and date of previous employers, reason for termination of employment, work experience, accidents, drugs/alcohol use. Such report may also contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records from federal, state and other agencies that maintain such records.

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m PST Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows:

1. In person at the Agency’s offices, which address is listed above. You can have someone accompany you to the Agency’s offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclosure to or discuss your information with this third party. You may view the Agency’s privacy policy at: www.insightsscreening.com.
2. By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you.
3. By telephone, if you have previously provided proper identification in writing to Agency.

Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Print Full Name

Applicant’s Signature

Date