



WRITTEN DISCLOSURE STATEMENT

Please fill in this form and fax it back to **Advantage RN** at 866-850-4048.

8892 Beckett Road
Cincinnati, OH 45069
PH 866-301-4045
FAX 866-850-4048
www.advantagern.com

INTENT TO OBTAIN CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT

In compliance with the Fair Credit Reporting Act, this document is being provided to notify you that the Employer or prospective Employer may obtain consumer reports and/or investigative consumer reports (i.e. background checks) on you in considering your employment application, or if you are hired or are already employed by the Employer, for any permitted employment related purpose during your employment with the Employer. I understand that a photocopy of this authorization would be accepted with the same authority as the original.

The "investigative consumer report" that the Employer may obtain from a consumer reporting agency contains information which may be used to establish eligibility for employment, promotion, reassignment, or continued employment with the Employer and includes verification on your education, former employers, motor vehicle check, and felony and related misdemeanor record. It can also include information related to credit-worthiness, credit standing, credit capacity, general reputation, personal characteristics, or mode of living. This information may be obtained through personal interviews with former employers, acquaintances, co-workers, or others with whom you may be acquainted, which makes the report an "investigative" consumer report. This does not include information that the Employer obtains on its own without the aid of a third party.

AUTHORIZATION FOR OBTAINING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

By signing below, I authorize the Employer and any consumer reporting agency acting on behalf of the Employer to investigate my employment history, educational history, criminal history, credit, and other records necessary to aid in employment-related decisions. I understand that this is considered either a consumer report or an investigative consumer report as described above. I acknowledge that the Employer has provided me a copy of the written disclosure (this document), and I have read this document before signing it.

Employee/Applicant Name

Date

Employee/Applicant Signature
