

# RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by **ProMed Health Care Administrators** that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize Et All, Inc., 1800 Miraloma Ave., #A, Placentia, CA 92870 888-269-6400 or any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include the Department of Justice and The Youth Authority, companies, corporations, workers compensation information, law enforcement agencies or individuals relating to my past activities to supply any and all information concerning my background and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, driving records, disciplinary and criminal history. I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officers, agents, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you with a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

## PLEASE PRINT CLEARLY

\_\_\_\_\_  
SIGNATURE OF APPLICANT / EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
ADDRESS

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

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

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
STATE

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

\_\_\_\_\_  
LAST NAME AS IT APPEARS ON LICENSE