RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT PURPOSES ONLY

I, the undersigned consumer, hereby authorize **MAXIM HEALTHCARE SERVICES, INC.** and its affiliated companies (collectively, "**MAXIM"),** by and through its independent contractor, **E-VERIFILE, INC. ("EVI"**), to procure a consumer report and/or investigative consumer report on me for employment purposes. These reports may include, but are not necessarily limited to, information regarding my personal characteristics, means and manner of living, character and general reputation, and may be obtained through one or more of the following sources: employment and education verifications; my personal credit history based on reports from any credit bureau; personal references; personal interviews; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **EVI**, if such request is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. and Cal. Civ. Code §1786.

I also authorize any person, business or governmental agency that may have information relevant to the above, including but not limited to, all courts, public agencies, law enforcement agencies and credit bureaus, to disclose the same to **MAXIM** and/or to **EVI**, regardless of the manner in which such person, business entity or governmental agency obtained the information itself.

I hereby release **MAXIM**, **EVI** and any and all persons, business entities and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing the consumer report(s) and/or investigative consumer report(s) authorized by me herein. I understand that this Release and Authorization shall remain in effect for the duration of my employment with **MAXIM**, and that **MAXIM** may obtain additional consumer and /or investigative consumer report(s) on me.

Additionally, I hereby authorize **MAXIM** to investigate any incidents of workplace misconduct made against or involving me both during and after the term of my employment with **MAXIM**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS RELEASE AND AUTHORIZATION FORM IS TRUE AND CORRECT AS OF THE DATE HEREOF, AND THAT MY APPLICATION OR EMPLOYMENT WILL BE TERMINATED BASED ON ANY FALSE, OMITTED OR FRAUDULENT INFORMATION.

SIGNATURE: _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION BELOW:

Printed Name:_____ Date: _____
First Middle Last

Other Names Used (alias, maiden, nickname)_____ YEARS USED_____

Current Address:_____
Street City State Zip Code County Dates

Former Address: _____
Street City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____

Date of Birth*: _____ Gender*_____ Race (Optional)* _____

- Have you ever been sanctioned or had your licenses suspended or revoked? Yes____ No____
- Are you currently under any investigation or pending charge? Yes____ No____

- **Please provide me with a copy of my background investigation report. Yes ☐ No ☐**

* **This information will enable us to properly identify you in the event we find adverse information during the course of our background search.**

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