



REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application to provide physician locum tenens services to CHG Companies, Inc. dba CompHealth ("CompHealth"), CompHealth will use the services of an outside agency to research and verify the information I have provided on my application which relates to my work, educational history, professional standing and qualifications. CompHealth uses Sterling InfoSystems, Inc., a consumer-reporting agency, as an agent to perform its background investigations. Sterling InfoSystems, Inc. will provide a written report of its findings to CompHealth. I understand and agree that the background check will include a criminal background check and I hereby consent to the performance of the same.

Sterling InfoSystems, Inc. will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information relating to my background including but not limited to the above to CompHealth and Sterling InfoSystems, Inc.. In compliance with the Fair Credit Reporting Act, I understand that I will be notified by CompHealth if my application is denied because of information obtained from a consumer reporting agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to CompHealth. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: Sterling InfoSystems, Inc., 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95678. I understand that CompHealth will send to me a copy of the report if an adverse action is taken as a result of information contained in the report, or upon my request as outlined herein. I further understand that CompHealth is a Utah based company and therefore agree that the laws of the State of Utah shall apply to this consent and release.

FOR POSITIVE IDENTIFICATION PURPOSES, THE FOLLOWING INFORMATION IS REQUIRED. THE INFORMATION YOU PROVIDE WILL BE TREATED AS STRICTLY CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed Today's Date
Name as it appears on your driver's license Social Security Number Date of Birth
Driver's License Number State Other Names You Have Used

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS:

Mo./Yr. / Mo./Yr

Current Address: Street Apt.# City State Zip Code From / To?
Former Address: Street Apt.# City State Zip Code From / To?
Former Address: Street Apt.# City State Zip Code From / To?
Former Address: Street Apt.# City State Zip Code From / To?
Former Address: Street Apt.# City State Zip Code From / To?