



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 travel nursing services to CHG Medical Staffing, Inc. dba Foundation Medical Staffing ("FMS"), FMS 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. FMS uses Abso ("Abso"), a consumer-reporting agency, as an agent to perform its background investigations. Abso will provide a written report of its findings to FMS. I understand and agree that the background check will include a criminal background check and I hereby consent to the performance of the same.

Abso 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 FMS and Abso. In compliance with the Fair Credit Reporting Act, I understand that FMS will notify me 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 FMS. 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: Abso, 101 Creekside Ridge Court, 2nd Floor, Roseville, CA 95678. I understand that FMS 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 agree that the laws of the State of Utah shall apply to this consent and release with the understanding the FMS is a Utah based employer.

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 (attach separate sheet if needed): 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?
Former Address: Street Apt.# City State Zip Code From / To?