

Notice and Authorization to Obtain Consumer Report

In compliance with the Fair Credit Reporting Act, you are hereby notified that a consumer report or investigative consumer report (which may include a criminal history check) relating to you may be obtained by Rush University Medical Center for employment purposes prior to hire and, if hired, during your employment. The report may include information concerning your character, reputation and personal characteristics and may include personal interviews with former employers, business associates, educational institutions or others. If adverse action is taken based on information contained within that report, you will be provided with a copy of the report and a description of your rights in a notice prescribed by the Consumer Financial Protection Bureau.

By signing below, you acknowledge that Rush University Medical Center has disclosed to you that a consumer report or investigative consumer report relating to you may be obtained and you authorize Rush University Medical Center to obtain this report and authorize any consumer reporting agency to provide such report.

Authorization and Waiver

In connection with my application for employment and, if hired, during my employment, I authorize Rush University Medical Center to request a consumer report or investigative consumer report about me and I authorize a consumer reporting agency to disclose to Rush University Medical Center any and all information about me in their possession which may lawfully be disclosed. Further, I understand that an investigative consumer report may contain information from prior or current employers, business associates, educational institutions or others about my character, reputation and personal characteristics and that I may make a written request to Rush University Medical Center or the consumer reporting agency which generated the investigative consumer report for a complete and accurate disclosure of the nature and scope of the investigation requested.

Signature of Applicant/Employee:	
Print Name of Applicant/Employee:	
Date:	Date of Birth:
Position Sought:	Race:
SSN:	Gender:
Current Address:	Driver's License No.:
City/State/Zip:	

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