

BACKGROUND INVESTIGATION CONSENT

During the application process and at any time during tenure of my employment with Paulding County Hospital, ("The Company"), I hereby authorize ChoicePoint Services Inc., on behalf of Paulding County Hospital, ("the Company"), to procure a consumer report (known as an investigation consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

I release Paulding County Hospital and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:



NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Paulding County Hospital is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

*****On this form, complete the starred areas above.