Kroll
The Risk Consulting Company
Kroll Background America, Inc.

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)

In connection with my application for employment with an affiliate of **LifePoint Hospitals (hereinafter "LifePoint")**, I authorize **Kroll Background America (KBA)** or its agents to procure a consumer report and/or investigative consumer report about my background, character or reputation, including, but not limited to, information as to my employment, education, consumer credit history (consumer credit history will only be verified if appropriate for certain job descriptions), driving record, social security number verification, criminal record and/or other public records history. I authorize all persons to fully disclose information relevant to this investigation. I release from liability all persons, companies and governmental or other agencies disclosing such information. I further authorize that a photocopy of this authorization may be considered as an original. Additionally, I give **LifePoint** permission to investigate any incidents of workplace misconduct, including but not limited to; sexual harassment, of which I have been accused, for which I am alleged to have been involved during my employment. 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 **KBA**, if such 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.

I HAVE READ, UNDERSTAND AND AUTHORIZE, ANY PERSON, AGENCY OR OTHER ENTITY CONTACTED BY KROLL BACKGROUND AMERICA, OR ITS AGENTS, TO FURNISH THE ABOVE MENTIONED INFORMATION. I FURTHER UNDERSTAND THAT THIS AUTHORIZATION/RELEASE IS VALID THROUGHOUT MY TERM OF EMPLOYMENT WITH LIFEPOINT. THIS FORM WILL NOT BE ACCEPTED IF ALTERED, ILLEGIBLE, OR INCOMPLETE.

DATE:_____

_____	_____	_____	_____
SIGNATURE	SOCIAL SECURITY #	DRIVER'S LIC. #	STATE

_____	_____	_____
TYPE OR PRINT NAME (last, first, middle initial)	OTHER NAMES USED (alias, maiden, nickname)	YEARS USED

_____
CURRENT ADDRESS

_____		_____		_____
STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY OF RESIDENCE

PLEASE LIST ALL RESIDENT AND EMPLOYMENT ADDRESSES FOR LAST SEVEN (7) YEARS. If YOU RESIDED AND WERE EMPLOYEED IN THE SAME COUNTY ONLY LIST THE RESIDENT ADDRESS (If you need additional space please use the back of this form)

_____					_____
STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVED HERE
_____					_____
STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVED HERE
_____					_____
STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVED HERE
_____					_____
STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVED HERE

Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges? ☐ **Yes** ☐ **No** **If yes, please attach explanation.**

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license (s) or certification (s)? ☐ **Yes** ☐ **No** **If yes, please attach explanation.**

PROFESSIONAL LICENSE (S) OR CERTIFICATION (S)	LICENSE OR CERTIFICATION # (S)	STATE (S) ISSUED
_____	_____	_____
_____	_____	_____

Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.

____/__ _/____ _____
*Date of Birth *Gender (M or F)

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