



## Notice Regarding Background Investigation/ Authorization for Release of Information

As a condition to my employment, I understand Northwell Health may obtain information about me from a consumer reporting agency for employment purposes. Thus I authorize Northwell Health and/or their agents to conduct the following background checks/consumer reports/investigative consumer reports that may include but may not be limited to:

- Criminal Checks
- National Sex Offender Search
- Social Security Number Verification
- NYSDOH
- OIG/GSA
- Education Verification
- Employment Verification
- Professional/Personal Reference Verification
- Professional License/Certification Verification
- Motor Vehicle/Driving History Records
- Pre-Employment Credit Report (finance positions only)

Investigative consumer reports may include information about your character, general reputation, personal characteristics, etc. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

I acknowledge receipt of this NOTICE REGARDING BACKGROUND INVESTIGATION, NY Article 23-A and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (if applicable) and certify that I have read and understand these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am engaged, throughout my engagement. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Corporate Screening Services, Inc., another outside organization acting on behalf of Northwell Health, and/or Northwell Health itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

In addition, as a condition of employment in Home Care Services (e.g., Home Health Aides, Personal Care Aides, etc.), I authorize Northwell Health and/or their agents to provide certain elements of my personal information and any required updates thereto to the New York State Department of Health Home Care Registry as required and limited by New York Public Health Law § 3613.

<b>INDIVIDUAL'S INFORMATION (please print)</b>		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Social Security Number: _____		
Individual's Signature: _____		
Date Signed: _____		
Human Resources: _____		
Address: _____		
Phone: _____	Date of Birth: _____	