

**PRE-EMPLOYMENT DISCLOSURE
AUTHORIZATION AND RELEASE**

I understand that in connection with my application for employment, or volunteer work, **Dermatologist Medical Group of North County, Inc.**, IntelliCorp, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history. However, unless my position involves handling money and /or other transferable monetary instruments, my credit history will not be checked.

I understand that Employer/ Organization may rely on any part or all of this Information in determining whether to extend an offer of employment/ volunteers' duties to me. I further understand that if any adverse action is taken by Employer, or if Employer chooses not to extend an offer of employment/duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to employment/volunteer and is not conducted for any purpose other than in connection with my application for employment and/or my eligibility for continued employment/ volunteer duties.

I have read this Pre-Employment and Continued Employment/Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment/ volunteer duties. I hereby release any and all Investigators, including Dermatologist Medical Group of North County, Inc., from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with Employer/Organization. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing your Social Security Number is optional, it shall be used for NO other purpose other than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature

Date

Printed Name

Social Security Number

Date of Birth

Former Last Name(s) (if applicable)

Current Address:

Street City State Zip

Former Address:

Street City State Zip

Drivers License Number and State of Issue _____

RN or LVN License No., State and Date of Issue: _____