BayCare Health System may obtain information about you from a third party consumer reporting agency for employment and independent contractor purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, social security verification, motor vehicle records (driving records), verification or your education, employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-722-3343, www.edgeinformation.com. The scope of this disclosure is all-encompassing, however, allowing BayCare Health System to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.
ACKNOWLEDGMENT/AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by BayCare Health System at any time after receipt of this authorization and throughout my employment, if applicable. 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 Edge Information Management, Incorporated and/or BayCare Health System itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Edge Information to contact me at the phone number and/or email address that I will provide for clarification of any information provided.

First Name as appears on Driver's License: Daniel
Middle Name as appears on Driver's License: W.
Last Name as appears on Driver's License: Weaver
SSN: XXX-XX-7369
I give permission to run a background check: I Agree
Date Signed: 06/18/2016 10:51 AM