

**Memorial Hermann Health Insurance Company # 9121**  
**APPLICANT INFORMATION**

**APPLICANT'S FULL NAME** \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_

Address on D.L.: \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(  GED – provide state) \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Name on GED or under which you graduated \_\_\_\_\_

Year(s) Attended \_\_\_\_\_ Year Graduated/GED Completed \_\_\_\_\_

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry \_\_\_\_\_

Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

\*Before answering the question below, you **MUST** carefully read the following information:

Do not report any conviction which state law allows you to lawfully deny, as set forth in the [state notices](#) that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices above and confirm that the information you provide is true and accurate.

**Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?** You must provide details if you answer Yes. Yes  No  (Please attach a separate sheet of paper to provide additional entries)

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

2. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

3. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

4. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date From:** \_\_\_\_\_ **Date To:** \_\_\_\_\_

**STATE LAW NOTICES**

**Minnesota** or **Oklahoma** applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. \_\_\_\_\_

**California** applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. \_\_\_\_\_

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York** applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. \_\_\_\_\_

**Maine** applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Memorial Hermann Health Insurance Company # 9121  
DISCLOSURE & AUTHORIZATION

**APPLICANT'S FULL NAME** \_\_\_\_\_  
Any Other Names Used \_\_\_\_\_  
Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_  
Address on D.L.: \_\_\_\_\_

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Memorial Hermann Health Insurance Company** ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract for services, appointment, volunteering or clinical rotation. 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. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. 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. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, volunteering, privileges or appointment to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, 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 PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes  No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

[www.PreCheck.com](http://www.PreCheck.com) [info@precheck.com](mailto:info@precheck.com)  
ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

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