

NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION

NAME: _____ DATE: _____

PLEASE PRINT

In connection with my application for employment with **Bergen New Bridge Medical Center** hereafter referred to as **COMPANY**), I hereby understand and acknowledge that the **COMPANY** utilizes the services of an investigative consumer reporting agency, **TABB INC.**, to verify the information I have provided on the employment application. I am hereby notified that the **COMPANY** intends to procure an investigative consumer report and I authorize the procurement of this investigative consumer report. I understand that the report will contain information about my background, character, general reputation, credit worthiness, mode of living and job performance. The investigative consumer report may consist of, but not be limited to, an interview with all listed employers to verify my employment, references, supervisors, criminal history, educational records, licensing agencies, governmental databases, address databases, credit history and driving history records. This authorization is valid during the course of my employment to the extent permitted by law. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I understand that, upon written request within a reasonable period of time, I am entitled to a copy of the report and additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Report Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report. I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in the report by contacting the consumer reporting agency, **TABB, INC.**, at the address and telephone number listed on the bottom of this form. The **COMPANY** has provided a copy of A Summary of Your Rights Under the FCRA. I understand that I may have additional rights under State law, which I may determine by contacting my state or local consumer protection agency.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, organizations, companies, corporations, credit bureaus, law enforcement agencies, state agencies and courts for the purpose of criminal record research and motor vehicle agencies for the acquisition of a driving record or abstract if required to release such information without restriction or qualification to **TABB, INC.**, and any of its officers, agents, employees and servants.

Print Name

Social Security Number

Signature

Date

Other Name(s) Used

Date of Birth

TABB INC.
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