

Disclosure

APPLICANT's Information:

APPLICANT's FullName: Estevan Garza **ClientName:** Driscoll Children's Hospital **SSN:** xxx-xx-8293 **DOB:** 11/15/1991
Drivers License No: 26596095 **DL State:**

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Driscoll Children's Hospital ("the Company") may obtain information about you from a consumer reporting agency made in connection with your employment or contract for services. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. 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 whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; [1-888-773-2432] www.precheck.com or another outside organization.

E-Signature: Steven Garza
Signed from IP: 173.175.84.14 , **Date Time:** 11/26/2019 1:46:17 PM

Authorization

APPLICANT's Information:

APPLICANT's FullName: Estevan Garza **ClientName:** Driscoll Children's Hospital **SSN:** xxx-xx-8293 **DOB:** 11/15/1991
Drivers License No: 26596095 **DL State:**

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," including criminal background checks, 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 , and/or 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 verification of employment? yes

A handwritten signature in black ink, appearing to be 'H. Garza', written over a horizontal line.

Signed from IP: 173.175.84.14 , Date Time: 11/26/2019 1:46:17 PM