

Authorization

Applicant's Information:

First Name:
EMMA RUTH

Middle Name:
BUGAYONG

Last Name:
OCAMPO

Date of Birth:
11/27/1985

Social Security Number:
XXX-XX-2841

Name on Driver License:
EMMA RUTH OCAMPO

Driver License State:
NM

Driver License Number:
518633830

ACKNOWLEDGMENT AND AUTHORIZATION

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize a Tenet Healthcare facility, and/or their respective parents, subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), as applicable, to procure consumer report(s), criminal background check(s), and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosures**, the **Additional Disclosures**, and the **California State Law Disclosures** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosures**, the **Additional Disclosures**, and the **California State Law Disclosures**, as well as this **Background Check Authorization**. My authorization remains valid throughout my employment with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), criminal background check(s), and/or consumer credit report(s) during my employment without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents (including but not limited to staffing/placement company clients and vendor credentialing companies) for business reasons (e.g., to place me in certain employment positions, jobs, work sites, etc.).

By signing below, I agree to receive electronic delivery of information from PreCheck. I can find out more by reviewing this [Electronic Delivery Consent Notice](#) which also gives instruction on how to opt-out of electronic delivery of documents.



E-Signature:

Signed from IP: 192.168.15.103 **Time:** 4/7/2023 5:46:22 PM