

Below is a copy of the Background Check "Authorization" statement that you eSigned in completing your online Employment Application. The Notice and Disclosure and Summary of Rights documents referred to below all were provided as part on the online Employment Application. A handwritten signature now is necessary to complete the background check. Please print, sign, and fax a signed copy of this page to First Advantage at 866-336-1911

"Authorization"

**AUTHORIZATION TO OBTAIN CONSUMER REPORT, CONSUMER
CREDIT REPORT AND/OR INVESTIGATIVE CONSUMER REPORT AND CONSENT RE
ELECTRONIC DISCLOSURE AND AUTHORIZATION**

I acknowledge receiving, on the previous page, the Consumer Report, Consumer Credit Report and Investigative Consumer Report Notice and Disclosure, and the summaries of my rights under the Fair Credit Reporting Act and any similar law of the state in which I am applying for employment or am employed. I certify that I have read and understand this information, and consent to the electronic receipt of these documents. I understand that I may print out the above referenced disclosure documents and this authorization form to retain for my own records through the use of my browser's "print" control and may separately submit a handwritten signed authorization if I choose to do so.

I hereby voluntarily authorize Kaiser Permanente ("Company") to obtain consumer reports, consumer credit reports, and/or investigative consumer reports about me from a consumer reporting agency, including a consumer credit reporting agency, in connection with my application, and if I am hired or am an employee when I sign this authorization, at anytime during my employment, and to consider and use such report(s) when making decisions regarding my application, and if I am hired or am an employee when I sign this authorization, my continued employment with the Company. I also authorize the communication of any of the reports obtained about me or information in them with any Kaiser Permanente-affiliated and subsidiary companies.

I further authorize 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 First Advantage another outside organization acting on behalf of the Company, and/or the Company itself. In addition, I authorize the communication of any of the reports obtained about me or information in them with any company affiliated with the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants: By accepting below, you also acknowledge receipt of Article 23-A of the New York Correction Law (available in your online application).



Signature

NINO REMIGIO JOLSON RAMOS
Printed Name (First, Middle, Last)

3656
Last four digits of Social Security Number

04/24/2023
Date