

### Consumer Report Authorization

In connection with my application for employment (including contract for services and volunteer work), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims and others. These reports will include experience information along with reasons for termination of my past employment directly from employers or via employment verification database companies e.g., Equifax Verification Services. I further, understand that information from various Federal, State, local and other agencies which contain my past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By my signature below, I hereby authorize without reservation, any party or agency contacted by A-Check Global, 1501 Research Park Drive, Riverside, CA 92507, 877 345 2021, [www.acheckglobal.com](http://www.acheckglobal.com) to furnish the above mentioned information including salary history from employers and educational transcripts from educational institutions.

I understand that if LOMA LINDA UNIVERSITY HEALTH hires me, my authorization will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my authorization by sending a signed letter or statement to LOMA LINDA UNIVERSITY HEALTH's HR Department. In addition, I authorize that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. This Consumer Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by LOMA LINDA UNIVERSITY HEALTH.

### Authorizing Signature

I certify that I have carefully read and understand each document presented to me including:

- ☒ Please check box acknowledging receipt of standalone Consumer Report Disclosure.
- ☒ Please check box acknowledging receipt of standalone Investigative Report Disclosure.
- ☒ Please check box acknowledging receipt of standalone Rights under State Consumer Reporting Laws.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

|  |                  |
|--|------------------|
|  |                  |
| Print Name:<br>JOAN GENATO   |                  |
| Signature:  | Date: 04/06/2023 |

### Note:

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of the report. These searches will be conducted by A-Check Global, 1501 Research Park Drive, Riverside, CA 92507, 877-345-2021, [www.acheckglobal.com](http://www.acheckglobal.com). You may obtain a copy via electronic request at [www.myacheck.com](http://www.myacheck.com).