

Disclosure

APPLICANT's Information:

APPLICANT's FullName: Ireene Veryl Bonus **ClientName:** MHHS Corporate **SSN:** xxx-xx-7940 **DOB:** 04/20/1989
Drivers License No: 48002169 **DL State:** Texas

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Memorial Hermann Health System ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your friends or associates. 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 a right to receive a copy of your report. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying or for which you currently hold. You have the right, upon written request made within a reasonable time to request whether a consumer report has been run about you, to request disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained for employment purposes is an investigation into your education and/or employment history. These searches will be conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432]; [www.precheck.com] or another outside organization. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, to the extent permitted by law.

For purposes of the Authorization and Release, the terms "Memorial Hermann Health System" and "the company" refer to all entities and affiliates of Memorial Hermann Health System.

E-Signature: Ireene Veryl Bonus
Signed from IP: 69.223.70.185 , **Date Time:** 1/31/2023 6:54:25 PM

Authorization

APPLICANT's Information:

APPLICANT's FullName: Ireene Veryl Bonus **ClientName:** MHHS Corporate **SSN:** xxx-xx-7940 **DOB:** 04/20/1989
Drivers License No: 48002169 **DL State:** Texas

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the documents entitled 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" by Memorial Hermann Health System at any time after receipt of this authorization and throughout my employment. 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]; [www.precheck.com], another outside organization acting on behalf of the Company, and/or the Company 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 'Irene Veryl', written in a cursive style.

Signed from IP: 69.223.70.185 , Date Time: 1/31/2023 6:54:25 PM