

DISCLOSURE FOR CONSUMER REPORTS

The Company or Employer ("Company") indicated below may obtain information about you for employment purposes (including contract or volunteer services). Thus, you may be the subject of a consumer report, which may include, but is not limited to, public record information, employment, education and license verification, etc. In addition, investigative consumer reports, as defined by the Fair Credit Reporting Act, may be obtained which are gathered from personal interviews with employers and other current or past associates, and may include information about your character, general reputation, personal characteristics, and/or mode of living.

These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment, contract period, or volunteer service.

CONSUMER REPORT AUTHORIZATION

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Employment Background Investigations, Inc. ("EBI"), P.O. Box 629, Owings Mills, MD 21117, telephone number (410) 486-0730, upon proper identification, to obtain copies of any reports furnished to Company by EBI and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and EBI, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with EBI. For complete details pertaining to EBI's privacy practices, including whether your personal information will be sent outside of the U.S. or its territories, EBI's Privacy Policy can be viewed at: <http://www.ebiinc.com/privacy-policy.html>.

I acknowledge receipt of the DISCLOSURE FOR CONSUMER REPORTS and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or the National Records Center to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, workers' compensation documents, records or reports in Pennsylvania, from the Industrial Commission of Arizona and in all other states, and drug and alcohol testing results) requested by EBI acting on behalf of Company, and/or Company itself agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

STATE SPECIFIC RIGHTS

California, Minnesota and Oklahoma applicants or employees: Please check the box on the next screen if you would like to receive a copy of your consumer report if one is obtained by the Company.

New York applicants or employees: I understand that by signing below, I acknowledge receipt of Article 23-A of the New York Corrections Law.

California applicants or employees: I understand that by signing below, I acknowledge receipt of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, I understand that I have a right to contact EBI during business hours to obtain all information in EBI's file for my review. I may also obtain a copy of such information in person at EBI's office at the address listed above or by mail. I may also receive a summary of the file by telephone (if I have previously provided proper identification in writing to EBI). EBI has trained personnel available to explain any information in my file to me, and if the file contains any information that is coded, such will be explained to me.

Washington applicants or employees: I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I acknowledge receipt of the DISCLOSURE FOR CONSUMER REPORTS, STATE SPECIFIC RIGHTS and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.

Company/Employer: CAIDAN MANAGEMENT COMPANY, LLC DBA MERIDIAN HEALTH

Applicant Name: JOSHUA HARSHAW

Applicant Signature: _____ Date: 08/30/2017