



**Capital Region**  
**MEDICAL CENTER**  
*University of Missouri Health Care*  
*Better. Every day.*

### CRIMINAL BACKGROUND CHECK CONSENT

The undersigned has applied to provide services to this provider. It is possible that I may have contact with patients or residents of the provider and a criminal background check and employee disqualification list check may be required by Missouri law. I, therefore, consent to this provider conducting a criminal background check and records review as well as requesting the Missouri Department of Social Services to inform the provider if my name appears on its Employee Disqualification List. I understand that this information will not be further disclosed other than for the purpose of my application, and that the provider may refuse to hire or engage me based on the results of its inquiries. I specifically, as a condition of my application, release the provider from any liability associated with its lawful inquiry or use of information obtained as a result of its inquiries.

I further state that I am not listed on the Missouri Department of Social Services' Employee Disqualification List and that I have not been convicted or plead guilty to (including any suspended imposition or execution or sentence or any period of probation or parole) a misdemeanor or felony except as follows:

PLEASE LIST ANY OTHER STATES YOU HAVE LIVED IN SINCE AGE 18: \_\_\_\_\_

\_\_\_\_\_

PLEASE DISCLOSE ANY MISDEMEANORS OR FELONIES (DATE/NATURE OF OFFENSE/LOCATION OF COURT WHERE MATTER OCCURRED):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Social Security Number

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative: \_\_\_\_\_

AUTHORIZATION FORM – [www.backgroundcheckadvantage.com](http://www.backgroundcheckadvantage.com)

8/4/2016



Capital Region Medical Center  
1125 Madison Street  
Jefferson City, MO 65102  
573-632-5038

First Name

Middle Name

Last Name

Alias/Maiden Name(s)

Will Employee's Salary Exceed \$75,000?

☐ No ☐ Yes

Social Security Number

Date of Birth

Race

Gender

☐ Male ☐ Female

Mailing Address (NO P.O. Boxes)

City

State

Zip

As part of the ☐ employment ☐ volunteer ☐ student ☐ credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for ☐ employment ☐ volunteer ☐ student ☐ credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant

## BACKGROUND SEARCHES

☒ **OIG** (Medicare/Medicaid Fraud & Abuse) ☒ **IGSA** (Federal Procurement Fraud) ☐ **\*\*FCSR**  
☐ **SSN Plus** (Address & Alias Name are included) ☐ **Address Verification** ☐ **Alias Name Search**

☒ **Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)  
☐ **Wants & Warrants** (Nationwide - extraditable only) ☐ **OFAC** (Specially Designated Nationals and Blocked Persons List)

Child Abuse/Neglect – ☐ IL\*\* ☐ IA\*\* ☐ IN\*\* ☐ KS\*\* ☐ MO\* ☐ NE\*\* ☐ TN

☐ **\*MO Mental Health Employee Disqualification Registry** ☒ **MO EDL** (Employee Disqualification List)

☐ **FEDERAL COURTS - Criminal** State 1: \_\_\_\_\_ 2: \_\_\_\_\_ **SEX OFFENDER** ☐ **Nationwide** or ☐ **State 1:** \_\_\_\_\_

☐ **DRIVING RECORD** State \_\_\_\_\_ **DL#** \_\_\_\_\_

☐ **PROFESSIONAL LICENSE** ☐ **National** or ☐ **State** \_\_\_\_\_

Type: \_\_\_\_\_ License Number: \_\_\_\_\_

☐ **EDUCATION** School Name (include campus): \_\_\_\_\_

City/State: \_\_\_\_\_ / \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ / \_\_\_\_\_

Degree Type: \_\_\_\_\_ (BSN, B.A., etc.) Name While Attending: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

☐ **CHARACTER REFERENCE** ☐ **PERSONAL** ☐ **PROFESSIONAL:** Name \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

☐ **EMPLOYMENT** Company: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Manager: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Starting Wage:\$\_\_\_\_\_ Ending Wage:\$\_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

## LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, LA, MA, WV and WY

County 1: \_\_\_\_\_ State: \_\_\_\_\_ County 2: \_\_\_\_\_ State: \_\_\_\_\_ County 3: \_\_\_\_\_ State: \_\_\_\_\_

## STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State

<input type="checkbox"/> AL*	<input type="checkbox"/> AK*	<input type="checkbox"/> AZ	<input type="checkbox"/> AR*	<input type="checkbox"/> CO	<input type="checkbox"/> CT*	<input type="checkbox"/> DE	<input type="checkbox"/> DC*	<input type="checkbox"/> FL	<input type="checkbox"/> GA*
<input type="checkbox"/> HI	<input type="checkbox"/> ID**	<input type="checkbox"/> IN	<input type="checkbox"/> IA*	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MI	<input type="checkbox"/> MN
<input checked="" type="checkbox"/> MO	<input type="checkbox"/> MS*	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV*	<input type="checkbox"/> NH**	<input type="checkbox"/> NJ	<input type="checkbox"/> NM*	<input type="checkbox"/> NY*	<input type="checkbox"/> NC*
<input type="checkbox"/> ND	<input type="checkbox"/> OH*	<input type="checkbox"/> OK	<input type="checkbox"/> OR*	<input type="checkbox"/> PA	<input type="checkbox"/> RI*	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX
<input type="checkbox"/> UT*	<input type="checkbox"/> VA*	<input type="checkbox"/> VT*	<input type="checkbox"/> WA	<input type="checkbox"/> WI					

Note: Nevada & Ohio are Felony Only

☐ Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)

☐ International Criminal \_\_\_\_\_

MO-includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)

\*Required Form(s) & \*\*Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669



*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549

Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357