

## Applicant Consent Form

Please complete all information in a thorough, accurate, current and legible manner. Omitted or inaccurate information may affect decision-making regarding your status.

Name (First, Middle and Last): \_\_\_\_\_

Maiden or Other Names Used: \_\_\_\_\_ Gender: Female / Male

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Length of residence: \_\_\_\_\_

1<sup>st</sup> Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Length of residence: \_\_\_\_\_

2<sup>nd</sup> Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Length of residence: \_\_\_\_\_

3<sup>rd</sup> Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Length of residence: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Office Use Only Below This Line - Request Solutions Here:**

\_\_\_\_ **Employment Basic Package** – includes Social Security Trace Standard, NC Statewide Criminal, Statewide Criminal, County Criminal, Multi-State Criminal, Federal Criminal, National Sex Offender Registry, FACIS 3

\_\_\_\_ Criminal Records - Where? 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_

\_\_\_\_ Employment Verifications - Where? 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_

\_\_\_\_ Education Verifications - Where? 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_

Name on the degree/diploma? \_\_\_\_\_ Year graduated? \_\_\_\_\_

\_\_\_\_ License Verifications - Where? 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_

\_\_\_\_ US Equivalency Verification Basic  
\_\_\_\_ International Search

\_\_\_\_ **Volunteer Basic Package** – includes SS Trace Standard, NC Statewide, Statewide, County, NSO Registry, FACIS 1

\_\_\_\_ Motor Vehicle Record  
\_\_\_\_ Keep Watch NC  
\_\_\_\_ Credit Report (Personal)

**CONE HEALTH**  
**EMPLOYEES, VOLUNTEERS, CONTRACTORS AND OTHER AFFILIATES DISCLOSURE OF CONSUMER**  
**REPORT AND INVESTIGATIVE CONSUMER REPORT REQUEST**

This document is to inform you that, as a part of our screening procedure in connection with your potential or ongoing affiliation (whether as an employee, volunteer, contractor or otherwise) with The Moses H. Cone Memorial Hospital Operating Corporation and/or one or more of its related entities (collectively, “Cone Health”), a consumer report and/or an investigative consumer report (either of which may include, but is not limited to, a criminal background check) may be obtained by Cone Health for such screening purposes. This screening may occur before you become employed or otherwise affiliated with Cone Health, and may occur on other occasions again throughout your employment or other affiliation as Cone Health deems necessary from time to time for ongoing screening purposes. This inquiry may include information as to your character, general reputation, past conduct, personal characteristics, and mode of living, whichever may be applicable. Such reports may include, but are not limited to, criminal records checks, credit reports, driving history, verification of prior employment or education, and other investigative and background reports. The agency from which this report or reports may be sought may include, without limitation, credit bureaus, private investigative firms, former employers or educational institutions, clerks of court and the like. These searches will be conducted by FirstPoint, Inc., P.O. Box 26140 Greensboro, NC 27402, 877-425-4763, [www.firstpointresources.com](http://www.firstpointresources.com).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, to disclosure of the nature and scope of any investigative consumer report, and to receive a copy of the report. In addition, you have the rights stated and described on the attached Summary of Your Rights Under the Fair Credit Reporting Act.

As an acknowledgement that you have received this disclosure, please sign below:

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Signature

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Date

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Printed Name

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Last four of SSN

**WRITTEN ACKNOWLEDGEMENT AND AUTHORIZATION  
FOR A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT  
AND DISCLOSURE OF RESULTS**

I, \_\_\_\_\_, acknowledge that I have received the separate documents entitled “Cone Health Employees, Volunteer, Contractors and Other Affiliates Disclosure of Consumer Report and Investigative Consumer Report Request” and “Summary of Your Rights Under the Fair Credit Reporting Act.” I hereby authorize The Moses H. Cone Memorial Hospital Operating Corporation and its related entities (collectively, “Cone Health”) to obtain one or more consumer reports/background checks on me in connection with screening me for employment or other affiliation with The Moses H. Cone Memorial Hospital Operating Corporation or one of its related entities. I authorize Cone Health to conduct this screening prior to my initial such employment or other affiliation and thereafter throughout my employment or other affiliation as Cone Health deems necessary from time to time for ongoing screening purposes. Such reports may include, but are not limited to, criminal records checks, credit reports, driving history, verification of prior employment or education, and other investigative and background reports. The agency from which this report or reports may be sought may include, without limitation, credit bureaus, private investigative firms, former employers or educational institutions, clerks of court and the like. This authorization, in original or copy form, shall be valid for this and any future reports or updates that Cone Health may request from time to time from FirstPoint, Inc., P.O. Box 26140, Greensboro, NC 27402, 877-425-4763, [www.firstpointresources.com](http://www.firstpointresources.com) in connection with my employment, volunteer connection, contractor relationship, or other affiliation with Cone Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Last four of SSN

**California, Minnesota & Oklahoma residents only:**

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. ☐ Yes ☐ No

**For Georgia Criminal Searches Only** (Must Check one): ☐ Employment w/ Mentally Disabled (Purpose Code M) ☐ Employment with Elder Care (Purpose Code N) ☐ Employment with Children (Purpose Code W) ☐ None Applies