



EAGLE PHYSICIANS

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of this document and the DISCLOSURE REGARDING BACKGROUND INVESTIGATION notice below and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (found at <https://www.eaglemds.com/about-us/eagle-careers/>), and certify that I have read and understand these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Eagle Physicians ("Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize 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 **CastleBranch Corporation, 1844 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, www.castlebranch.com.**

I understand that a "consumer report" may consist of my driving history ("MVR") from a state motor vehicle records agency or Department of Motor Vehicles, and authorize the Company to obtain my MVR(s), which may contain personal information about me, such as my photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Minnesota applicants only: You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the date the report was requested by the Company, whichever date is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Eagle Physicians ("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" which may include information about your character, general reputation, personal characteristics, and/or mode of living. 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 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 your report. These searches will be conducted by **CastleBranch Corporation, 1844 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, www.castlebranch.com.**

Please PRINT

First Name

Middle Name

Last Name

Maiden or other names used

Full 9-digit Social Security Number

Full Birth Date

Signature: _____

Date: _____