

NOTIFICATION AND RELEASE

Account Manager: Matt Montgomery

Roanoke Chowan Community Health Center

CAC: RD14

The information contained in my application for employment or volunteer work with Roanoke Chowan Community Health Center(hereinafter, "The Organization") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Organization shall result in The Organization not employing me or, if employed, terminating my employment, or may cause me to be rejected as a volunteer. I understand and agree that all information furnished in my application and all attachments may be verified by The Organization or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Organization all information relative to such verification and hereby release such individuals, organizations, and The Organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Organization that The Organization may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Organization in making certain employment and volunteer selection decisions. I further acknowledge notification by The Organization that reports may be provided to The Organization by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Organization, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Organization, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Organization agrees to inform candidates if an employment or volunteer decision has been influenced by information contained in a consumer report requested by Roanoke Chowan Community Health Center and performed by Castle Branch, Inc. A free copy of the report may be obtained within sixty days by calling Castle Branch Inc. collect @ 1-910-815-3880 or toll free @ 1-888-723-4263. The Organization will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT OR TYPE

List all names you have used in the past 7 years including married, maiden, and aliases.

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ - _____ - _____

Maiden Name or "AKA" _____ Dates Used (yr) from _____ to _____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS

Street _____ From _____ to _____

City, State, Zip, County _____

Street _____ From _____ to _____

City, State, Zip, County _____

Street _____ From _____ to _____

City, State, Zip, County _____

Applicant Signature (REQUIRED) _____ Date / / _____

FOR EMPLOYER USE ONLY: Please place a check next to the searches to be conducted.

Primary Contact: [Kristin Futrell](mailto:kristin.futrell@gmail.com) Phone: 252-209-0237 Email: kristin.futrell@gmail.com

Basic Package
NC Statewide Criminal Records
Social Security Verification
Residency History

Basic Package w/ NW Database
NC Statewide Criminal Records
Nationwide Database
Social Security Verification
Residency History

Education Verification
 Employment Verification
 Reference Verification

To Place Order Via Fax, Fax Form to: 910-815-3881