

(Office Use Only)

Date: _____

Dues Paid: _____

Uniform Deposit Pd.: _____

Uniform Issued [] Yes [] No

Brooksville Regional Hospital Volunteer Application

PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT ACCURATELY.

Name: _____ Social Security # _____
(First) (Middle) (Last)

Present Address: _____
(Street Number & Name) (City) (State) (Zip Code)

How long have you resided at the above address? _____

Home Telephone Number _____
(XXX) XXX-XXXX

Birth Date: _____
(MM/DD/YYYY)

In Case of Emergency Notify: _____
(Name)

Relationship: _____

Telephone # _____
(XXX) XXX-XXXX

Are you a full time Florida resident? [] Yes [] No If no, how many months per year do you reside in Florida? _____

Are you authorized to reside in the U.S? [] Yes [] No

Have you ever been convicted of a felony or any other crime? [] Yes [] No Where? _____

Are there any charges against you now pending? [] Yes [] No Where? _____

If yes to either of the above two questions, please explain _____

Are you presently employed? [] Yes [] No If yes, please list name, address and telephone number of employer below.

(Employer Name) (Employer Address) (Employer Telephone #)

If NO, what was your occupation when employed? _____

NOTICE AND ACKNOWLEDGMENT
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT)

NOTICE REGARDING BACKGROUND INVESTIGATION

Brooksville Regional Hospital may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Global HR Research, 27499 Riverview Center Blvd., Suite 218, Bonita Springs, FL 34134, Office: (239) 274-0048, Toll Free: (800) 790-1205 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Brooksville Regional Hospital to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Para información en español, visit www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A, 600 Pennsylvania Avenue, N.W. Washington, D.C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue, N.W., Washington, D.C. 20580.**

- **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 identity 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, by September 2005, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, 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 Global HR Research, another outside organization acting on behalf of Brooksville Regional Hospital, and/or Brooksville Regional Hospital itself. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original

PLEASE PRINT

<hr/> Date	<hr/> Name
	<hr/> Signature
	<hr/> Social Security Number
	<hr/> Date of Birth (for Background Purposes only)
	<hr/> Drivers License Number
	<hr/> State
Current Address: <hr/>	
Previous Addresses (Last 7 years): <hr/> <hr/> <hr/>	
Any other names I have been know by (including maiden name): <hr/> <hr/>	