

TABB INC.
NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION

NAME _____ DATE _____

PLEASE PRINT

In connection with my application for employment with **Englewood Hospital and Medical Center** (hereafter referred to as the **COMPANY**), I authorize the procurement of a consumer report and understand that the report will contain information about my background, character, general reputation, mode of living, credit worthiness and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Report Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in the report by contacting the consumer reporting agency, **TABB, INC.**, whose address and telephone number are listed on the bottom of this form. I understand that I may have additional rights under State law which I may determine by contacting my State or local consumer protection agency. I hereby release the **COMPANY, TABB, INC.**, their officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualification to **TABB, INC.**, and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release the above sources and firms, including the above named Company and **TABB, INC.**, from liability for complying with this authorization. I understand that any offer of employment from the above named Company will be contingent upon the results of a number of factors including this background check.

The phrases and wording contained in this authorization are required under the FCRA. The **COMPANY** will not run a credit check on an applicant as part of the background investigation unless the position for which applied requires financial information on a prospective candidate. The candidate will be notified in writing if a credit check is required for the position to which you applied.

TABB, INC. will not sell any of the personal information provided below or use this information for any purposes other than employment verification and criminal record searches.

SOCIAL SECURITY NO.: _____ DATE : _____

SIGNATURE: _____ OTHER NAME(S) USED: _____

TABB INC., P.O. Box 10; Chester, NJ 07930
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