



Preferred Therapy Services
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HEALTHCARE EMPLOYMENT SCREENING DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for service with Eric Powell & Associates d/b/a Preferred Therapy Services) I hereby fully release and discharge you, Healthcare Employment Screening (HES) and Commercial Investigations, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or HES from all claims and damages arising out of or relating to any investigation of my background purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to Fair Credit Report Act (FCRA), and I have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. **I hereby authorize and give y consent to the above company for the procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.**

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from HEALTHCARE EMPLOYMENT SCREENING, 4500 S 129th E Ave Ste 200, Tulsa, OK 74134-5885. These reports may include the following type of information: names and dates of previous employers, reason for termination of employment, work experience, any information relation to my character, general reputation, personal characteristics, mode of living, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information concerning my driving records, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. I also understand that Eric Powell & Associates d/b/a Preferred Therapy Services may verify any licenses, certification, or other credentials I possess.

Print name

Applicant's signature

Date
