



Background Investigation Authorization

Signing my name on the signature line below certifies that employment and/or consideration for employment with Centura Health or any Centura hospital or facility ("Centura") is subject to the following: I agree that Centura may conduct a complete background investigation prior to and at any time during my employment. I agree to cooperate with any such investigation and release Centura and any of its agents or contractors from any and all liability and responsibility in conducting such an investigation. I also release any persons or organizations supplying such information from any and all liability and responsibility. In connection with my application for employment, I understand that several investigative-consumer reports may be requested and may include information as to my character, general reputation, personal characteristics, mode of living, work habits, creditworthiness, credit standing, credit capacity, academic-credential verification, job performance, experience and reasons for termination. Further, I understand information may be requested concerning my motor vehicle operations history and criminal history from various private and public sources. The information will be maintained in a limited access file, detached from my application. Centura may contract with agencies to conduct background investigations for employment purposes, such agencies may be considered consumer reporting agencies under the Fair Credit Reporting Act. Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, government and law enforcement agencies, military services or any other entity deemed necessary to release any information the background investigation agency may require in connection with this investigation. I understand that these files may contain negative information, therefore I agree to hold harmless the background investigation agency and any agent acting on its behalf, as well as Centura and any of its agents or employees, from any and all liability arising through the investigation of my background. (I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.) I further acknowledge that a printed copy of this release will be valid as the original. Under the Fair Credit Reporting Act (FCRA), I am entitled to receive a copy of the background report before Centura denies my application or takes any adverse action against me based in whole or in part on information contained in such a report. I am also free to contact the Federal Trade Commission about my rights under the FCRA. Any misleading or incorrect statements, omissions whatsoever, including any failure to disclose any health care related criminal conviction or any threatened or actual debarment, exclusion or other ineligibility for participation in federally funded health care programs, removes this application from further consideration for employment and, if employed, is cause for termination. I understand that nothing in this employment application, in Centura's statements, handbooks, principles, guidelines, or policies is intended to create an employment contract between the employer and me. I understand that Centura has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company unless it is made in writing and signed by the CEO. I understand that if an employment relationship is established, employment will be strictly "at will". This means that I may voluntarily leave employment and Centura may end my employment at any time for any reason or for no reason. Any oral or written statements made to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Complete the following as accurately as possible. Please print clearly.

Applicant Information:

Last Name: _____ First Name: _____ MI: _____
 SSN: _____ Driver's License No: _____ State of Issue: _____
 Birth date: _____ Phone: _____
 Previous Names (maiden/prior marriages, etc.) _____ date changed: _____
 _____ date changed: _____

Licensures:

Professional License Type: _____ State: _____ License No: _____ Expiration Date: _____
 Professional License Type: _____ State: _____ License No: _____ Expiration Date: _____
 Professional License Type: _____ State: _____ License No: _____ Expiration Date: _____

Addresses:

Please list all addresses from the last 7 years, beginning with the most recent (please include street address, city, state and zip)

Please use the back of this form for additional addresses if needed:

Previous Address 1: _____ Dates: _____
 Previous Address 2: _____ Dates: _____
 Previous Address 3: _____ Dates: _____
 Previous Address 4: _____ Dates: _____

How long have you lived in Colorado? _____ years

Have you ever been convicted of a crime, excluding minor traffic violations? Yes No

If yes, provide details included date, location and nature of crime(s): _____

Applicant Signature: _____ Date: _____