

**MEDICAL STUDENT/CONTRACT WORKER/VOLUNTEER/ALLIED HEALTH
PROFESSIONAL
BACKGROUND INFORMATION SHEET
POSITION: MEDICAL STUDENT**

In connection with your employment or services within MEDICAL EDUCATION PLUS (MEP), its affiliate facilities and participating physician network, MEP may conduct a detailed investigation of your credit history*, criminal history, employment history, educational history and background. As part of its investigation, MEP may obtain consumer reports from consumer reporting agencies. Under the Fair Credit Reporting Act (FCRA), MEP is required to obtain your written authorization prior to procuring such consumer reports. Please indicate your consent by signing below.

*NOTE: Credit history is only procured when the position applied for has fiduciary or cash handling responsibility or when the applicant will be issued a corporate credit card.

Name as it appears on Social Security card:

Social Security Number:

Date of Birth: _____ **Phone Number:** _____

Email Address:

Mailing Address:

I, _____, hereby authorize MEDICAL EDUCATION PLUS to conduct an investigation of my credit history, criminal history, employment history, educational history, and background, which may include, but may not be limited to, procuring consumer reports from consumer reporting agencies.

Signature: _____ Date: _____