



Dear PLUS Volunteer Applicant,

Thank you for your interest in joining Team PRMC and the PLUS Volunteers Program. We're excited to welcome you as a potential volunteer. Now that we have your completed application, we will begin the process to obtain clearance for you to attend a volunteer orientation class.

*For our younger applicants who are 14 to 18 years of age, we will need you to submit some additional items for us to begin the clearance process. One is the SSA form-also known as the social security administration form-that was included in the application. We will also need a copy of your birth certificate and a copy of your social security card (front and back).*

Everyone's background check will be submitted to the PRMC People Department within 24 hours of receiving your completed application. Your references will typically be sent out the next business day. The background check may take anywhere from one to two weeks to clear, so please be patient. Once approved, we'll send you a letter inviting you to attend volunteer orientation.

Once orientation is completed, the next step will be to schedule an interview, but only after we've received your references. Also, all of us at PRMC are required to obtain a yearly flu shot. As a volunteer, you will need to provide proof you have had on this year. If you haven't we'll be happy to provide one for you FREE when you visit for your interview.

We'll also need your immunization record if born since 1957 showing proof of 2 MMR vaccinations and 2 Varicella immunizations. If you cannot locate your immunization record, see your primary physician and obtain a lab order for MMR titers and Varicella titers. Bloodwork will need to be done at your expense, and please bring those results of the titers and/or booster immunizations to your interview. If born prior to 1957, proof of immunity to varicella or proof of shingles shot is required.

At the interview, we'll be interested in finding out where at PRMC you are interested in volunteering and the hours and days you are available. We offer opportunities at a number of locations and within quite a few clinical and non-clinical areas of the hospital. We'll provide a schedule, but it's always best if we know, in advance, what you would like to do and where.

Our PLUS Volunteer Program dates back to 1970, and has offered thousands of Delmarva residents the opportunity to become an integral part of our healthcare family. We have provided PRMC and their patients with over 1.8 million volunteer hours. We're so happy that you've chosen to become part of that rich tradition.

Thank you. We'll be in touch soon.

Joyce Lecates, Manager PLUS Volunteer Department

410-543-7284 [joyce.lecates@peninsula.org](mailto:joyce.lecates@peninsula.org)



### **PLUS Volunteer Services Program Information Sheet**

Office Number: 410-543-7284 Fax: 410-677-6644

Office Hours: Monday-Friday, 8 a.m.-4p.m.

Manager: Joyce Lecates

### **PLEASE READ THIS SHEET BEFORE COMPLETEING THE APPLICATION.**

Our expectation is that volunteers will contribute a minimum of 100 hours of service in a non-specific period of time, with the agreement of taking a scheduled volunteer assignment. If this does not meet your needs, we may not be the volunteer site for you.

- If you are volunteering because of Court ordered Community Services, the PLUS Volunteer Services Department must be informed of this prior to your completing the application.
- Complete the first sheet which is the Application sheet.
- Complete the second sheet, listing the complete addresses and phone numbers of the two required reference and sign releasing us to send reference requests.
- The third page is "Focus on You", to be completed and returned.
- The fourth is for the high school volunteer applicant to have their High School Guidance Counselor complete and return to the Volunteer Office.
- The fifth and final page is the Level 1-Electronic Background Investigation Application; please complete the appropriate section in its entirety, including signature and date.

**\*\*\*If you are under the age of 18, your parent or guardian *must* sign above your name of background check form.**

**\*Volunteers born after 1957 must provide immunization records. If these records cannot be provided, lab work will be required at your expense.**

**An application will not be considered for class attendance until all paperwork is complete with PLUS Volunteer Services.**

Thank you for your interest in volunteering with us!



**THE PENINSULA REGIONAL MEDICAL CENTER**  
***Application for PLUS Volunteer Services***

Date: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

(Include: city, state and zip code)

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Are you 14 or older? \_\_\_\_\_ Birth: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

If 17 or under Parental/Guardian signature is required: \_\_\_\_\_

Notify in Emergency: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Education & Special Training: \_\_\_\_\_  
(If presently in school, please indicate school and grade)

Previous Volunteer Experience: \_\_\_\_\_

Paid Work Experience: \_\_\_\_\_  
(This includes babysitting, grass cutting etc.)

If presently employed, where: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Have You Ever Been Employed by Peninsula Regional? Yes No If yes, Dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you previously volunteered with our PLUS Volunteer Program? Yes No

Reason(s) for Selecting Peninsula Regional: \_\_\_\_\_

**Volunteer Office Use Only:**

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Please provide two names and complete mailing addresses of two individuals that will provide a reference for you.

**REFERENCES CANNOT BE RELATED TO YOU AND SHOULD NOT LIVE IN THE SAME HOUSE. COMPLETE ADDRESSES ARE NEEDED TO PROCESS YOUR APPLICATION. WE MAIL THEM OUT AND PROVIDE A SELF-ADDRESSED ENVELOPE FOR THEM TO RETURN THE REFERENCE DIRECTLY TO US. THANK YOU**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Volunteer Services Department of Peninsula Regional Medical Center to send reference requests to the above names and addresses.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EXCEPTIONAL HEALTHCARE. EXCEPTIONAL PEOPLE.



PLUS VOLUNTEER SERVICES

## FOCUS ON YOU!

Your full name:

Your preferred name:

What do you enjoy doing  
in your free time?

Why did you select us as  
your volunteer site?

What special qualities do  
You bring to the Volunteer  
Program?

How do you like being  
recognized for a job well  
done?

Is there anything you  
DON'T want to do as a  
volunteer?



Plus Volunteer Services  
100 E. Carroll Street  
Salisbury, MD 21801  
410-543-7284

High School students must have guidance counselor complete this form. All information is confidential.

Volunteer Applicant's Name: \_\_\_\_\_

Dear Guidance Counselor:

The above named is applying for a position as a volunteer at Peninsula Regional Medical Center.  
Please comment briefly on the following:

Scholastic Average:

Dependability:

Personality:

Punctuality:

Additional Comments:

Guidance Counselor's Printed Name: \_\_\_\_\_

Guidance Counselor's Signature: \_\_\_\_\_

School: \_\_\_\_\_

Office Number: \_\_\_\_\_

## DISCLOSURE FOR CONSUMER REPORTS

The Company or Employer ("Company") indicated below may obtain information about you for employment purposes (including contract or volunteer services). Thus, you may be the subject of a consumer report, which may include, but is not limited to, public record information, employment, education and license verification, etc. In addition, investigative consumer reports, as defined by the Fair Credit Reporting Act, may be obtained which are gathered from personal interviews with employers and other current or past associates, and may include information about your character, general reputation, personal characteristics, and/or mode of living.

These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment, contract period, or volunteer service.



## CONSUMER REPORT AUTHORIZATION

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Employment Background Investigations, Inc. ("EBI"), P.O. Box 629, Owings Mills, MD 21117, telephone number (410) 486-0730, upon proper identification, to obtain copies of any reports furnished to Company by EBI and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and EBI, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with EBI. For complete details pertaining to EBI's privacy practices, including whether your personal information will be sent outside of the U.S. or its territories, EBI's Privacy Policy can be viewed at: <http://www.ebiinc.com/privacy-policy.html>.

I acknowledge receipt of the DISCLOSURE FOR CONSUMER REPORTS and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or the National Records Center to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, workers' compensation documents, records or reports in Pennsylvania, from the Industrial Commission of Arizona and in all other states, and drug and alcohol testing results) requested by EBI acting on behalf of Company, and/or Company itself agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

### STATE SPECIFIC RIGHTS

**California, Minnesota and Oklahoma applicants or employees:** Please check the box if you would like to receive a copy of your consumer report if one is obtained by the Company. ☐

**New York applicants or employees:** I understand that by signing below, I acknowledge receipt of Article 23-A of the New York Corrections Law.

**California applicants or employees:** I understand that by signing below, I acknowledge receipt of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, I understand that I have a right to contact EBI during business hours to obtain all information in EBI's file for my review. I may also obtain a copy of such information in person at EBI's office at the address listed above or by mail. I may also receive a summary of the file by telephone (if I have previously provided proper identification in writing to EBI). EBI has trained personnel available to explain any information in my file to me, and if the file contains any information that is coded, such will be explained to me.

**Washington applicants or employees:** I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Company/Employer: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY APPLICANT																								
The Following Information is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only. Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.																								
Legal First Name												Middle Name												
Legal Last Name												Suffix												
Social Security No.												Date of Birth (mm/dd/yyyy)												
Current Address												Apt.												
City												State												
Main Contact Phone												Job Location (State)												
Driver's License No.												DL State												
												Gender (M/F) M F												
Other Names Used: Indicate if used while in school.																								
Y	N	Last Name (1)										First Name												
Y	N	Last Name (2)										First Name												
Y	N	Last Name (3)										First Name												
Y	N	Last Name (4)										First Name												



Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

#### **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street N.W. Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:  a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480  c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106  d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



**FOR CALIFORNIA RESIDENTS ONLY**  
**California Consumer Rights**

The following information may be obtained from EBI, Inc., 20 New Plant Court, Suite 200, Owings Mills, MD 21117, ("Agency"). Our office hours are from 9:00 a.m. to 5:00 p.m. ETZ. Our telephone number is 800-324-7700, and our website address is <http://www.ebiinc.com>. For complete details pertaining to EBI's privacy practices, including whether your personal information will be sent outside of the U.S. or its territories, EBI's Privacy Policy can be viewed at: <http://www.ebiinc.com/privacy-policy.html>.

You have rights when an investigative consumer report is obtained by you. The following are some of your rights:

1. Whoever obtained the report is required to give you a free copy.
2. You have the right to contact the Agency that made the report. You can do this in one of the following ways:
  - (a) You may go to the Agency in person during the normal business hours. You can bring someone with you. That person may be required to present identification. You may be required to sign a paper allowing the Agency to discuss your file with or to show your file to this person.
  - (b) You may receive your file by certified mail, if you have given written notice to the Agency that you want information mailed to you or to another person you want to receive the file. You will be required to provide identification when you write for your file.
  - (c) You may be able to discuss your file over the telephone if you have given written instructions to the Agency and have provided identification.
3. You have the right to receive a copy of your file or your investigative consumer report at the Agency. You may be charged up to \$8.00 to obtain a copy of your report or file. However, you may receive a free copy if:
  - (a) Once during a twelve month period if you are unemployed and intend to seek employment within sixty (60) days or you receive public welfare assistance or you believe your file contains inaccurate information because of fraud.
  - (b) If you are receiving a copy from the Agency relating to an investigation into the accuracy of the information you have disputed or if information is put back into your file.
4. You have the right to know the following information:
  - (a) The names of the persons and the companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.
  - (b) Explanations of any codes or abbreviations used in your report, so you can understand the report.
5. You have the right to dispute any information in your file. You must contact the Agency directly to do so. The person who ordered a report is required to give you the name and address of the Agency.
  - (a) The Agency has thirty (30) days from the day it received your dispute to complete the investigation.
  - (b) When the Agency is done with the investigation, it must tell you of any changes made in the report as a result of the investigation.
  - (c) If the investigation does not remove the information disputed by you, you have the right to place your statement of the facts in your file. The Agency has people to help you write the statement. The Agency may limit your statement to five hundred (500) words.
  - (d) If information is removed or you add a statement to your file, you can request the Agency to send the report, as changed or with your statement, to anyone who received the information in the last two (2) years.
  - (e) If information that is removed from your files is placed back in your file, you are entitled to receive written notice of that fact and you have the right to dispute the information added.
6. You also have rights under federal law in regard to your report. A copy of those rights are given to you with this California statement of consumer rights. Many of these rights are also included within California law. Under federal law, your report is called a consumer report, not an investigative consumer report, if it did not include personal interviews.



**SOLO PARA RESIDENTES DE CALIFORNIA**  
**Derechos del Consumidor de California**

La siguiente información puede obtenerse a partir de EBI, Inc., 20 New Plant Court, Suite 200, Owings Mills, MD 21117 ("Agencia"). Nuestro horario de oficina es de 9:00 a.m. to 5:00 p.m. ETZ. Nuestro teléfono es 800-324-7700, y nuestra dirección es: <http://www.ebiinc.com>. For detalles relativos a las prácticas de privacidad de EBI, incluso si su información personal será enviado fuera de los EE.UU. o sus territorios, Política de Privacidad de EBI se puede ver en: <http://www.ebiinc.com/privacy-policy.html>.

Ud. tiene derechos cuando una investigación de reporte al consumidor es obtenida por ud. los siguientes son sus derechos:

1. Quien sea que obtenga el informe, es requerido darle a ud. una copia gratis.
2. Ud. tiene el derecho de contactar a la Agencia que hizo el reporte (informe). Ud. puede hacer esto de una de las siguientes maneras:
  - (a) Ud. podría ir en persona durante horas de oficina. Ud. puede llevar a un acompañante. Su acompañante puede ser requerido a presentar identificación válida. Se le puede requerir a firmar un papel permitiendo a la Agencia discutir o revelar su información a su acompañante.
  - (b) Ud. puede recibir su archivo por correo certificado, si ud. ha dado notificación por escrito a la Agencia para que su información sea enviada a ud. o a otra persona a quien ud. desea que se le envíe la misma. Se requiere proveer su información cuando envíe por la misma.
  - (c) Ud. puede discutir su archivo por teléfono si es que ud. ha dado las instrucciones por escrito a la Agencia y ha provisto su información necesaria.
3. Ud. tiene el derecho de recibir una copia de su archivo o su informe de la investigación al consumidor en la Agencia. Puede haber un cargo hasta de \$8.00 para obtener una copia de su informe o su archivo. De todos modos, podría recibir una copia gratis si:
  - (a) Una vez, durante un periodo de doce (12) meses si ud. esta sin empleo y trata de conseguir empleo en un periodo de sesenta (60) días, o si ud. recibe ayuda de asistencia pública, o también si ud. cree que su archivo contiene información no correcta por fraude.
  - (b) Si ud. recibe una copia de la Agencia relacionada a una investigación no exacta que cuestionó o si la información fue regresada a su archivo.
4. Ud. tiene el derecho de conocer la siguiente información:
  - (a) Los nombres de las personas y compañías que hayan recibido algún informe suyo en los últimos tres (3) años. Ud. puede requerir sus direcciones y números telefónicos.
  - (b) Explicaciones de algunos códigos o abreviaciones usados en su informe para que ud. pueda entenderlo.
5. Ud. tiene el derecho de discutir o cuestionar cualquier información en su archivo. Para hacer eso deberá contactar a la Agencia directamente. La persona que ordena el informe es requerida de darle el nombre y la dirección de la Agencia.
  - (a) La Agencia tendrá treinta (30) días hábiles desde el día que recibe su queja para completar la investigación.
  - (b) Cuando la Agencia haya terminado con la investigación debiera informar a ud. de cualquier cambio producido en el informe como resultado de la investigación.
  - (c) Si la investigación no quita (borra) la información que ud. cuestiona, ud. tiene el derecho de poner su declaración de los hechos en su archivo. La Agencia tiene gente capacitada para ayudarle a escribir su declaración. La Agencia podría limitar su declaración a quinientas (500) palabras.
  - (d) Si hay información quitada o agregada en la declaración de su archivo, ud. puede pedir a la Agencia enviar el informe con la nueva información de su declaración a cualquiera que haya recibido la información en los últimos dos (2) años.
  - (e) Si la información que fue quitada de su archivo es retornada al mismo, entonces, ud. tiene la facultad de recibir notificación por escrito de aquel hecho y tiene el derecho a disputar la información agregada.
6. Ud. también tiene derechos bajo ley federal respecto a su informe. Una copia de esos derechos le serán dadas con esta declaración de los derechos al consumidor de California. Muchos de estos derechos están incluidos en la ley del estado de California. Bajo ley federal, su informe es llamado Reporte del Consumidor, no una investigación al consumidor, si eso no contiene entrevistas personales.

**NEW YORK CORRECTION LAW - ARTICLE 23-A  
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**§750. Definitions.**

**§751. Applicability.**

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

**§754. Written statement upon denial of license or employment.**

**§755. Enforcement.**

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**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.



**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



**Authorization for the Social Security Administration (SSA)  
To Release Social Security Number (SSN) Verification**

<b>Printed Name:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>

I want this information released because I am conducting the following business transaction:

**EMPLOYMENT PURPOSES**

Reason (s) for using CBSV: (Please select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Mortgage Service            | <input type="checkbox"/> Banking Service     |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check                | <input type="checkbox"/> Other               |

with the following company ("the Company"):

Company Name: **EMPLOYMENT BACKGROUND INVESTIGATIONS, INC.**

Company Address: **P.O. BOX 629 OWINGS MILLS MD 21117**

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Equifax Verification Services, 11432 Lackland Road, St. Louis, MO 63146  
(888) 749-4411

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ **(Please initial.)**

<b>Signature:</b>	<b>Date Signed:</b>

Relationship (if not the individual to whom the SSN was issued):

**Contact information of individual signing authorization:**

**Address:**

**City/State/Zip:**

**Phone Number:**

## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

### NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit [HYPERLINK http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf](http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf)



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTAL CONSENT AND AUTHORIZATION FOR MEDICAL CARE AND RELEASE OF HEALTH RECORDS

I, the parent(s)/ legal guardian, hereby request and consent that during my child's employment/service with Peninsula Regional Medical Center; a licensed medical practitioner may provide general medical care as it relates to employment/service requirements, day-to-day illness and/or injuries(non-major in nature) which, in his/her opinion, is necessary to protect the physical health of the above-named child. Medical treatments may include, but are not limited to, examinations, immunizations including MMR, Varicella, Flu, Tetanus, Hepatitis B, Tuberculin skin test(yearly), Respiratory fit test(yearly), urine drug test(pre-employment, random and for cause), and blood work including HIV tests (if an exposure occurs).

This consent includes the release of health or social information to persons or agencies directly concerned with public health or community welfare and to private institutions professionally engaged in carrying out a treatment plan for my child. Additionally, this consent includes authorization to obtain all records pertaining to medical history, services rendered or treatment given by other medical providers.

I understand that in the event of all illness or injury an attempt will be made to contact me.

This consent will remain effective unless evoked in writing by the parent(s)/ legal guardian.

I acknowledge that I have read this consent and understand its contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

100 East Carroll Street ■ Salisbury, MD 21801-5493 ■ 410-546-6400 ■ [www.peninsula.org](http://www.peninsula.org)