

MY ORTHODONTIST, PA
Employment Application
BACKGROUND INVESTIGATION AUTHORIZATION & RELEASE FORM

Name: _____ SSN: _____
First Name Last Name

Previous names used: (within the past 7 years) _____

Current home address: _____

How long have you lived at current address? _____

Previous address: _____

How long: _____

Date of birth: _____ Driver's license number: _____ State: _____
(this information is required for background check)

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1. Notification to Applicant. I acknowledge that by this Notice I have been advised that, in this application process for possible employment by My Orthodontist, PA ("My Orthodontist" or the "Practice"), it will obtain an investigative consumer and criminal record report ("Report") about me.
 2. Content of Report. I understand that this Report may include all applicable and relevant information about my past employment and other life activities, such as my character, general reputation, and personal characteristics, including specifically: (1) criminal records (including convictions and postings on government sex offender registries); (2) educational history and records; (3) worker comp claims, any other civil litigation in which I was a named party; (4) driving history (including, but not limited to violations, accident history, alcohol/drug test results); (5) my employment history (including checking references); (6) verification of social security number; (7) internet and web-based searches about me; and (8) credit history and ratings.
 3. Criminal Background Investigation. I understand that the Practice will not request a criminal background investigation until and unless I have received a conditional offer of employment. The Practice will have the right: (a) to rescind the conditional offer if the criminal background report shows that I am not suitable for employment.
 4. Authorization to Release Information to Reporting Entities and My Orthodontist. In connection with this background inquiry, I authorize, without reservation, all entities, companies, former employers, supervisors, credit and consumer information agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, and all other persons, entities and governmental agencies to release all the information, as described in paragraph 2 above, to the credit reporting agency to which this form has been provided by My Orthodontist, for purposes of completing this background investigation. I further authorize the release of this information to My Orthodontist.
 5. Pre-Adverse Action Notification. If My Orthodontist determines that the information contained in the Report may disqualify you from employment, My Orthodontist will provide you with a written or electronic notification at least five (5) days before a final decision is made. This notification will include: (1) a copy of the Report; (2) a statement of the information My Orthodontist has received from the investigation which it is considering in possibly not offering you employment. (This statement will be sufficiently detailed to give you a meaningful opportunity to respond); (3) an explanation of why My Orthodontist believes that this information may disqualify you from employment; (4) the name, address, and phone number of the agency that conducted the background check; and (5) the procedures you must follow if you decide to submit a response to the agency, and to My Orthodontist, on why this information is inaccurate, or why it should not disqualify you.

6. Rights Under Federal Law. Within sixty (60) days after I receive notification of My Orthodontist's decision not to hire me, I understand that I have the right to dispute the accuracy and completeness of any information provided by such consumer reporting agency directly with that agency.
7. Release of Legal Claims Against Reporting Entities and My Orthodontist. I release and hold harmless (i.e. I give up any legal claims I may have) against all parties involved in this background consumer investigation, and against My Orthodontist, with regard to any and all liabilities for any damages, losses, or any other injuries, monetary or otherwise ("Injuries") that I may suffer which arise from, or are connected with, this investigation; except with respect to a violation of the Fair Credit Reporting Act or the Fair and Accurate Credit Transaction Act.

This release of any legal claims includes any Injuries I may suffer should this background consumer investigation contain any inaccurate or incomplete information upon which My Orthodontist relies in rejecting my application for employment. In signing this authorization, I am giving up any such potential legal claims that I might have against My Orthodontist if my application is rejected.

8. A SUMMARY OF RIGHTS UNDER NEW JERSEY FAIR CREDIT REPORTING ACT. Under the New Jersey Fair Credit Reporting Act ("NJFCRA" or the "Act"), before taking an adverse action against an applicant for employment, My Orthodontist is required to provide the applicant with a summary of their rights with respect to investigative consumer reports obtained for employment purposes from a Consumer Reporting Agency ("CRA").
 - i. My Orthodontist is giving you this notice, and, by your signature below, you are consenting, to its obtaining an investigative consumer report (a Report) about you for employment purposes.
 - ii. My Orthodontist will advise you if information from a Report is used against you for employment purposes.
 - iii. My Orthodontist will give you a reasonable opportunity to dispute with the CRA any information included in the Report on which My Orthodontist relies if it denies you employment.
 - iv. At your request, My Orthodontist will disclose to you the CRA which prepared the Report.
 - v. You can dispute inaccurate information in the Report with the CRA. The CRA must reinvestigate the disputed items, free of charge, within 30 days, unless the CRA determines that the dispute is frivolous or irrelevant. The CRA must give you a written report of its investigation. If the CRA's investigation does not resolve the dispute, then you may add a brief statement to your file with the CRA.
 - vi. The CRA must correct or delete any inaccurate information within 30 days after you dispute it. If the CRA subsequently confirms the disputed information as being accurate, and reinserts it into your file, then the CRA must give you written notice that it has done so.

For questions or concerns regarding the NJFCRA, please contact: Division of Consumer Affairs, Department of Law and Public Safety, 124 Halsey Street, Newark, NJ 07102.

APPLICANT'S AFFIRMATION

I acknowledge that I have read and understand all the provisions and terms of the foregoing Authorization for Background Investigation (the "Authorization"). By signing below, I affirm that all the information I have provided on this Authorization Form is true, complete and accurate to the best of my knowledge; and that I have not knowingly withheld any information that might cause the content of this Form to be false or misleading. I understand that falsifying any information on this Authorization Form will constitute grounds for immediate dismissal or withdrawing of any pending job offers.

Applicant's Signature: _____ Date: _____