

Recruiter: \_\_\_\_\_

Requisition #: \_\_\_\_\_

## ELECTRONIC SIGNATURE AUTHORIZATION

WakeMed has implemented electronic signature authentication for forms relating to payroll, human resources, and employee benefits. Employees are now asked to complete and sign these forms online and submit them directly to WakeMed's Human Resources Department.

By signing this form you acknowledge and agree that your electronic signatures will be deemed to be valid and authentic, and you intend and agree that those electronic signatures will be given the same legal effect as handwritten paper authorizations. You further agree that electronic copies of communications are valid, and you will not contest the validity of the original or copies. In addition, you agree that no certification authority or other third party verification is necessary to the validity of your electronic signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature.

You have the right to receive any document provided to you not only electronically, but also in paper form as well. You may withdraw your consent to receive and sign documents electronically only by a written request to do so. To request withdrawal of your consent to receive and sign electronic documents, you must submit the written withdrawal request to WakeMed's Human Resources Department. Until proper withdrawal of this authorization is made, you understand, intend and agree that WakeMed will be entitled to rely on the elections and/or representations made by you in any electronically signed forms.

By signing this form, you have provided your consent to the use of electronic documents and electronic signatures on any of the following forms:

- Form W-4 Withholding Allowance Certificate
- Form NC-4 North Carolina Employee Withholding Certificate
- Form I-9 Employment Eligibility Verification
- Mandatory Direct Deposit Process Form
- Confidentiality Agreement
- Employment Related Policies and Summary Plan Descriptions Acknowledgment Form
- Full-Time Employee Benefits Election Form
- Part-Time Employee Benefits Election Form
- Cash Balance Pension Plan Beneficiary Designation Form
- Basic Life Insurance Beneficiary Designation Form
- Supplemental Life Insurance Beneficiary Designation Form
- Employee Medical History Form
- Hepatitis B Consent Form
- Consent for the Release of Occupational Health Information
- Identification Badge Authorization
- Any other employment, payroll, or employee benefits related forms that you may be required by WakeMed to sign.

I have carefully read this Electronic Signature Authorization, and I hereby unconditionally agree and consent to the use by WakeMed of my electronic signature(s) as set forth above.

**Employee's Printed Name:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

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

Note: Hiring Managers & Applicants - For best consideration, you must have supervisors, managers or instructors.



### Authorization to Obtain Records and Other Information for Employment Purposes

FULL LEGAL NAME (First, Middle, Last) \_\_\_\_\_ APPLICANT SOCIAL SECURITY NUMBER \_\_\_\_\_

ALL Other NAMES EMPLOYERS would know YOU BY (Married names, nicknames, maiden names, etc.) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### REFERENCES: For best consideration, Please no friends, neighbors, etc.

**Reference 1:** \_\_\_\_\_

Current or previous manager or supervisor required

NAME	TITLE COMPANY
_____	_____
	CITY & STATE
_____	_____
EMAIL ADDRESS	Phone NUMBER

**Reference 2:** \_\_\_\_\_

Current or previous manager or supervisor required

NAME	TITLE COMPANY
_____	_____
	CITY & STATE
_____	_____
EMAIL ADDRESS	Phone NUMBER

**Reference 3:** \_\_\_\_\_

Current or previous manager or supervisor required

NAME	TITLE COMPANY
_____	_____
	CITY & STATE
_____	_____
EMAIL ADDRESS	Phone NUMBER

### WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





# FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION FORM

## DISCLOSURE

In considering you as an applicant for employment or as a current employee, WakeMed may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment – related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics or mode of living is obtained through personal interviews with your neighbors, friends or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act. The information received will be kept confidential and only used by WakeMed for the purpose of considering you for employment eligibility as an applicant and/or as an employee.

## AUTHORIZATION

By your signature below, you hereby authorize WakeMed to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

Note to Applicant: This form is not used to conduct a credit history check. This form is used to conduct a criminal background check.

*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 identify 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:**

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:

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

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

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

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549

Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

