CONFIDENTIAL DOCUMENT

WELL OF HEALING MOBILE MEDICAL CLINIC | 7625 EAST AVENUE, FONTANA, CA 92336 | 909-803–1049

Please complete the following, sign it, and submit with a copy of a photo ID for your application to be considered.

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| Full Legal Name (First, Middle, Last): | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Social Security Number: | Date of Birth: | \*Email: |
| Driver’s License Number or State ID: | Issuing State: |  |
| List ALL Counties lived in the Last Seven (7) Years with the Dates Lived in Each County: | | |
| Other or Former Names (Maiden, Married, Surnames, etc.) | | |
| I acknowledge that this application will not be considered without a copy of a photo ID.  Photo ID Attached | | |
| For residents of California only:  l acknowledge receipt of a copy of California Summary of Rights under CA law 1786.22.  I wish to receive a copy of any Background Check Report on me that is requested. | | |

AUTHORIZATION

I hereby authorize Well of Healing Mobile Medical Clinic and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and*/*or an investigative consumer report to be generated for employment an*d/*or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Well of Healing Mobile Medical Clinic or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Well of Healing Mobile Medical Clinic and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\*Email address is being collected only as an additional source of personally identifiable information, and not for any marketing purpose or third party use.

**The information contained in this application is correct to the best of my knowledge.**

Signature: Date:

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| A SUMMARY OF YOUR RIGHTS under CALIFORNIA LAW |

Under California Law, you are entitled, upon presentation of proper identification (\*), to find out from an investigative "consumer reporting agency" ("CRA") what is in your file, as follows:

1. in person, by visual inspection of your file during normal business hours and on reasonable notice;

2. By obtaining a summary of it via telephone call, if you have made a written request, with proper identification, for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by you or charged directly to you; or

3. By requesting in writing, with proper identification, that a copy of it be sent to a specified addressee by certified mail.

Investigative CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative CRAs. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file. The investigative CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. *Y*ou may be accompanied by one other person of your choosing, who must furnish reasonable identification. An investigative CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

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(\*) the term "proper identification" as used above shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if the consumer in unable to reasonably identify himself with the information described herein, may an investigative CRA require additional information concerning your employment and personal or family history in order to verify your identity.

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| FOR QUESTIONS OR CONCERNS REGARDING | PLEASE CONTACT |
| CRAs and creditors | California Attorney General's Office Public Inquiry Unit  P.O. Box 944255  Sacramento, CA 94244-2550 \* 800-952-5225 |
| CRAs and creditors | California Department of Consumer Affairs  400 R Street, Suite 1080  Sacramento, CA 95814 \* 800-952-5210 |