

AUTHORIZATION AND RELEASE

I hereby authorize Information Management Systems, Inc., on behalf of The Institute of Professional Practice, Inc. (IPP), or IPP itself, to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record, or mode of living. This authorization is effective whether I am now seeking employment with IPP or I am now currently employed with IPP. This report may be compiled with information from court records, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, law enforcement agencies, credit reporting agencies and any other source required to verify information that I have voluntarily supplied or to provide information relevant to my employment by IPP. I authorize all such sources to provide information to Information Management Systems, Inc., or IPP. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living.

A photocopy of this authorization shall be as valid as the original.

Name (Please Print)

Signature

Other Name (if applicable)

Date of Birth (For Identification Purposes Only)

Driver's License Number

State

Date

Address for past seven years and length of residency:

Street	City	State	Zip	Years/Months
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Street	City	State	Zip	Years/Months
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Street	City	State	Zip	Years/Months
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Street	City	State	Zip	Years/Months
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Street	City	State	Zip	Years/Months
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Voluntary Self Identification Form

The Institute of Professional Practice, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, The Institute of Professional Practice, Inc. invites employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____

Date: _____

Position applied for: _____

I do not wish to furnish this information: _____

GENDER Male Female

RACE/ETHNICITY: Please respond to the following questions:

1. Are you **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)? Yes No .

If you checked "Yes" to Question 1, please do not proceed further. If you checked "No," please proceed to Question 2.

2. Do you identify with **Two or More Races (Not Hispanic or Latino)** as defined below? Yes No .

If you checked "Yes" to Question 2, please do not proceed further. If you checked "No," please proceed to Question 3.

3. Please select one of the following race designations as defined below.

White (Not Hispanic or Latino) White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING NOTICE

I freely and voluntarily agree to submit to a drug screening as part of my application for employment. I understand that either refusal or a positive test result for illegal drugs or controlled substances will render me ineligible for employment. I also understand that adulterated specimens will be treated as a positive test result. If I am taking prescription or over-the-counter medicines, I will advise the Occupational Health Provider of what medicines are being taken.

I have read in full and understand the above statements and conditions of employment. I also understand that I will be provided a copy of any positive test results at the address indicated below.

Name (Please Print)

Signature

Date

Address:

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

HIPAA Compliance
(Health Insurance Portability and Accountability Act)

Has a complaint of breach of confidentiality against you ever been substantiated (HIPAA Compliance)?

/__/ Yes – if so, explain below

/__/ No

Name (Please Print)

Signature

Date

If yes above, explanation: _____

Consent to Request Consumer Report Information

I understand that The Institute of Professional Practice, Inc. will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, The Institute of Professional Practice, Inc. may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the federal Fair Credit Reporting Act, as well as a summary of my rights under Connecticut law.

I understand if I disagree with the accuracy of any information in the report, I must notify The Institute of Professional Practice, Inc. within five business days of my receipt of the report. If I notify The Institute of Professional Practice, Inc. within five business days of the receipt of the report that I am challenging information in the report, The Institute of Professional Practice, Inc. will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize The Institute of Professional Practice, Inc. to procure a report on my background as stated above from a consumer reporting agency.

Name (Please Print)

Signature

(Date)

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, The Institute of Professional Practice, Inc. (IPP) may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that, for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living. Upon written request, additional information as to the nature and scope of the Report, if one is made, will be provided, in the event the Report contains information regarding your credit standing, credit capacity, character, general reputation, personal characteristics, conviction record (if any), driving history, educational record or mode of living.

Name (Please Print)

Signature

Date