



Notice and Authorization to Complete Employment Screenings

NOTICE OF EMPLOYMENT SCREENING PRACTICES

1. In keeping with Federal and State requirements, Speechcenter, Inc. shall obtain your written authorization to obtain the following reports to validate your eligibility to provide and bill for health care services:
 - a. Social security verification check,
 - b. State criminal record check,
 - c. National criminal record check, if you lived in more than one state in the previous two years,
 - d. National sex offender registry check,
 - e. Credit history check: a consumer report that includes information regarding student loan debt, your character, general reputation, physical characteristics, and mode of living.
 - f. Medical histories related to ability to perform and/or infectious disease,
 - g. Education and professional histories,
 - h. Employment histories, and
 - i. Required provider name checks against the List of Excluded Individuals and Entities list (or other lists as the government updates provider requirements) maintained by the federal government.
 - j. Any other checks required for health care providers.
2. Speechcenter reserves the right to use the information from these reports to deny your application for employment, to terminate your employment or to reassign you.
3. Speechcenter will obtain these reports prior to employment. Thereafter, Speechcenter will conduct these screenings as required and according to company practice and/or policy. The results will be maintained as a part of the employee personnel record. Speechcenter will also conduct these screenings if requested and/or required by contracted facilities as a part of our contracted agreement for the provision of services. The results will be shared with the facility.
4. Speechcenter will use your pertinent, personal identifying information to obtain these reports and information. Speechcenter will disclose your pertinent, personal information to an investigative agency of its choice to do the employment background check and to obtain your consumer report and information.

AUTHORIZATION

5. My signature below indicates that I have read and understand *Speechcenter, Inc's Notice of Employment Screening Practices*, and, as a condition of employment, I authorize Speechcenter, Inc. and its representatives to obtain the above-mentioned reports when needed to verify my eligibility for initial and/or continuing employment.
6. I understand that as a result of these reports, my application for employment may be denied or my current employment with Speechcenter may be terminated.

Your Full Name As It Appears On Social Security Card

Social Security Number

Date of Birth

X _____
Signature of Applicant/Employee

Date of Signature