

*PHR Associates* and

**HR**

Employment Screening

## IMPORTANT DISCLOSURE

Required by the Fair Credit Reporting Act (FCRA)  
for Consumer Reports

Please read before completing and signing the Applicant Profile.

I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES.

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY PHR ASSOCIATES, INC. AND HUMAN RESOURCE PROFILE, INC AND PROVIDED TO MY PROSPECTIVE EMPLOYER.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Human Resource ProFile, Inc.**

8506 Beechmont Avenue \* Cincinnati, OH 45255-4708 \* 800-969-4300 \* 513/388-4300 \* Fax 513/388-4320

09/01



# APPLICANT PROFILE & Authorization

Must Be Fully Completed & Signed  
Please Print Clearly

Send the Completed Profile  
by: Fax, S-Cats, or E-Prism  
to: HR ProFile, Inc.  
-----Fax: 513-388-4320-----  
Ph: 800-969-4300 \* 513-388-4300

APPLICANT INFORMATION				
Name _____				
First	MI	Last	Maiden	
Address _____		City/State _____	County _____	Zip _____
Previous _____		City/State _____	County _____	Zip _____
SS# _____	Driver's Licence No. _____		and State _____	
Date of Birth ____/____/____		Age is not a criterion for any decision, but is used for identification purposes ONLY.		
		Month Day Year		
Professional license check information only: License # _____ State _____ Type _____				

Have you ever pled guilty, been convicted, entered a plea of no contest, or had prosecution deferred or adjudication withheld for any crime? No _____ Yes _____, If Yes list them below.				
List All Offenses Including Traffic and Criminal			City, County, and State of Offense	
Year	Offense	City	County	State

I have been informed in writing that the Employer may obtain a consumer report on me for employment purposes. I hereby authorize the Employer to obtain the report and authorize and direct the release to PHR Associates, Inc. and Human Resource ProFile, Inc., independent contract agencies, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in state and local files for violations of any federal, state, local statutes, or ordinances, my credit history, workers' compensation history, driving record, and scholastic records and hereby release said persons, schools, companies, courts, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by PHR Associates, Inc. and Human Resource ProFile, Inc., and reported to The Employer. I hereby acknowledge that PHR Associates, Inc and Human Resource ProFile, Inc. cannot vouch for or guarantee the accuracy of Information provided by third parties. Accordingly, I release PHR Associates, Inc. and Human Resource ProFile, Inc., its agents and/or the Employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize PHR Associates, Inc. and Human Resource Profile, Inc. to release any and all information to the Employer. I am aware that the report may be prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon my written request, a copy of the report, if not hired.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

TO BE COMPLETED BY EMPLOYER			
Employer: _____	Location _____	Date _____	Time Sent _____
Person: Making this Request _____		To Receive the Report _____	
Phone: _____	Fax: _____	Acct # _____	
<input type="checkbox"/> Criminal History: >>>>> <input type="checkbox"/> SS trace & Multi-County <input type="checkbox"/> Single County <input type="checkbox"/> State Repository, if available			
<input type="checkbox"/> MVR <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Credit			
<input type="checkbox"/> SS no. Ver. <input type="checkbox"/> Employment Ver. <input type="checkbox"/> Professional License Check			
<input type="checkbox"/> Special Request: _____			
When the report is for employment purposes, you must also certify to HRP that you have provided the applicant with the disclosure form. HR ProFile will return reports to you by FAX unless you are using one of the online systems.			

**FLORIDA ORTHOPAEDIC INSTITUTE  
SUMMARY OF THE EMPLOYEE SUBSTANCE ABUSE POLICY  
AND CONSENT TO BE TESTED**

- As a condition of employment I will be required to submit to these types of drug and/or alcohol tests: job applicant; reasonable suspicion (cause), routine fitness for duty (if used), return to duty, follow up, and post accident.
  
- If I refuse to submit to the testing or have a positive drug or alcohol test result:
  - (1) as a job applicant - my offer of employment which was conditioned upon successfully passing a drug test will be terminated;
  - (2) as an employee - the Company will take disciplinary action up to and including discharge from employment and I may forfeit my worker's compensation medical and indemnity benefits.
  
- I can confidentially report the use of prescription and non-prescription medications before and after being tested. A list of medications which affect the testing is available. A list of all drugs that the Company will test for is posted and is in an appendix to the Substance Abuse Policy and is posted. Names, addresses, telephone numbers of employee assistance and rehabilitation programs are available for my use.
  
- I may consult with the Medical Review Officer as to my drug test results. I may explain or contest within 5 days after a written notice of a positive test result. I must notify the laboratory if I wish to start civil or administrative action. All drug program reports, results, and information are confidential and not released without my authorization.
  
- My rights and responsibilities are covered under State law/s, including but not limited to Florida Statute 440 - Workers' Compensation, Drug Free Workplace Program. The complete Substance Abuse Policy and procedures are available for my review during normal business hours and portions of them are also posted in work locations.

I HAVE READ AND UNDERSTAND THE ABOVE SUMMARY OF THE COMPANY'S SUBSTANCE ABUSE POLICY AND FREELY CONSENT TO BE TESTED FOR DRUGS AND ALCOHOL, AND AUTHORIZE THE COLLECTION AND TESTING OF MY SPECIMEN. I ALSO AUTHORIZE THE SPECIMEN COLLECTION PERSONNEL, THE LABORATORY, AND THE MEDICAL REVIEW OFFICER TO PROVIDE THE TEST RESULTS, MEDICAL RECORDS, WRITTEN REPORTS, AND DATA CONCERNING MY TESTS TO THE APPROPRIATE COMPANY REPRESENTATIVE AND RELEASE THEM FROM ANY LIABILITY ARISING FROM DOING SO.

\_\_\_\_\_  
Employee/Applicant Printed Name

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date

**REFUSAL TO TEST**

I hereby refuse to submit to the required testing and acknowledge the consequences of my refusal, as described above.

\_\_\_\_\_  
Employee/Applicant Printed Name

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date