

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | Background Check |

With the following company ("the Company"):

Company Name: JERSEY NATIONAL CLEANING SERVICE, INC

Company Address: 52 North Main Street, MARLBORO, NJ - 07746

The name and address of the Company's Agent (if applicable):

Agent's Name: HireRight LLC

Agent's Address: 100 Centerview Drive, Suite 300, Nashville, TN 37214

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:	Date Signed:
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Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.**

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

Authorization of Background Investigation

I have carefully read and understand this Disclosure form and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent the preparation of background reports about by a consumer reporting agency such a HireRight Inc, ("HireRight") and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies; my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form is original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

☐ **California, Minnesota or Oklahoma consumers:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____

First Name _____

Middle _____ Address _____

Phone Number _____

Applicant Signature _____ Date _____

Authorization and Consent for Release of Information

By this Authorization and Release, I give Jersey National Cleaning Service (JNCS) permission to conduct a criminal background check on behalf of its CLIENTS. Specifically, a criminal background check, pre-employment physical exam and drug test must be completed for each employee either prior to employment with JNCS in order to work at a hospital location, or at the request of the hospital to which the employee had been assigned and at least once 3 years thereafter. In addition, at the discretion of the hospital/client, a criminal background check may be required annually.

JNCS further reserves the right to conduct background checks, physicals and drug tests of current employees when it has reasonable grounds to do so (e.g., random drug tests, no prior check/physical/drug test was done, a workplace incident has occurred, upon self-disclosure of criminal activity or upon the hospital/client being informed of such activity, update of information due to designation as sensitive/critical position, or upon hospital/client request).

I also certify that the information provided in my application for employment, résumé, or in verbal discussions relating to my consideration for employment is true and complete to the best of my knowledge. I authorize JNCS to: (1) investigate the truthfulness of all my statements made on my application or résumé, or verbal statements made by me in the interview process, (2) conduct any verification of my education, employment, personal, credit, and motor vehicle records, and to receive any criminal history reports, and (3) disclose verbally or in writing the results of any investigation (including, but not limited to background checks results, physicals, drug tests) with the authorized employees or agents of this company, involved in the hiring process including the CLIENTS.

I also authorize the procurement of any other information, which relates to my background, physicals, drug tests, character, and personal reputation, which may be deemed relevant to my employment in accordance with state and federal laws.

I further agree to indemnify, discharge, and forever hold harmless JNCS, its directors, officers or employees from any and all damages, claims, losses, liabilities, costs, and expenses (including, but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against JNCS, related directly or indirectly, to the disclosure of any such information or to such investigation.

I understand that my employment is conditional upon acceptable background investigation, physical results considered as cleared, acceptable drug test results.

I understand and agree that the results of the background check, physical and drug test and any and all other information acquired by JNCS pursuant to this authorization will be provided to, and utilized by, CLIENTS to determine eligibility or continuity for employment. The information will be kept as confidential as possible. The information obtained by JNCS will not be provided to any parties other than CLIENTS.

I have read and understand this Authorization and Consent. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit agencies, law enforcement or criminal records agencies, and other agencies to release information about me to JNCS or its designated agent, and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

NAME _____

SIGNATURE _____

DATE _____