

**DISCLOSURE REGARDING BACKGROUND  
INVESTIGATION**

**HAP Empowered MI Health Link** may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

The investigations will be conducted by **Corporate Screening, 7271 Engle Rd, Ste 200, Cleveland, OH 44130, (800) 229-8606, corporatescreening.com.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**[End of Document]  
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**DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT"**  
**BACKGROUND INVESTIGATION**

**HAP Empowered MI Health Link** may request an "investigative consumer report" about you from a third-party consumer reporting agency in connection with your employment or application for employment (including volunteer assignment(s), as applicable) and throughout your employment if you are hired or retained as allowed by law. An investigative consumer report is a background report that includes information from personal interviews (except in California, where the term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living.

You have the right, upon written request made within a reasonable time, to request from the HAP Empowered MI Health Link (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report, and (3) a copy of your report. These reports will be prepared by **Corporate Screening, 7271 Engle Rd, Ste 200, Cleveland, OH 44130, (800) 229-8606, corporatescreening.com.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**OTHER STATE LAW NOTICES**

**New York residents and applicants only:** Upon request, you will be informed whether a consumer report was requested by HAP Empowered MI Health Link, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by HAP Empowered MI Health Link by contacting the consumer reporting agency directly. By signing the Acknowledgement and Authorization for Background Investigation, you acknowledge receipt of Article 23- A of the New York Correction Law.

**New York City residents and applicants only:** By signing the Acknowledgement and Authorization for Background Investigation, you further authorize HAP Empowered MI Health Link to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to HAP Empowered MI Health Link.

**Minnesota residents and applicants only:** You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report HAP Empowered MI Health Link ordered about you. The consumer reporting agency must provide you with this disclosure within five (5) business days after its receipt of your request or the report was requested by HAP Empowered MI Health Link, whichever date is later.

Please check this box if you would like to receive a copy of a consumer report if one is obtained by HAP Empowered MI Health Link.

**Oklahoma residents and applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by HAP Empowered MI Health Link.

**Los Angeles residents and applicants only:** Ask to receive a copy of the Notice to Applicants & Employees Fair Chance Initiative for Hiring Ordinance.

**San Francisco residents and applicants only:** Ask to receive a copy of the San Francisco Fair Chance Ordinance Notice.

**Washington State residents and applicants only:** You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and OTHER STATE LAW NOTICES and

Certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **HAP Empowered MI Health Link** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or HAP Empowered MI Health Link to furnish all background information requested by **Corporate Screening, 7271 Engle Rd, Ste 200, Cleveland, OH 44130, (800) 229-8606, corporatescreening.com** and/or HAP Empowered MI Health Link. I agree that a facsimile (“fax”), electronic, or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**BACKGROUND INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
\_\_\_\_\_ Middle \_\_\_\_\_ Other Names/Alias \_\_\_\_\_

Social Security\*\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Driver's License # \_\_\_\_\_

State of Driver's License\*\* \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

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**HAP Empowered MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.**