

Disclosure Notice Regarding Background Investigation



PLEASE READ CAREFULLY BEFORE SIGNING page 1 of 2

In connection with the possible transaction being considered between _____ and PARKMED INC. (the "Company"), the Company may obtain information about you from TeamScreen Solutions LLC, a Consumer Reporting Agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative consumer reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Reports may also contain public records (including criminal records), driving history information, consumer credit, employment and education verifications, worker's compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

APPLICANT/EMPLOYEE:

Signature: _____

Date: _____

Printed Name: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING page 2 of 2

I acknowledge receipt of the DISCLOSURE NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. 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 insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the Company. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy copy of this Authorization shall be as valid as the original.

- Oklahoma, Maine, Minnesota and California applicants may obtain a copy of this consumer report by checking this box. This report will be sent to California applicants within three (3) days of the employer receiving the report.
- California applicants only: For consumer reports which were not obtained by a consumer reporting agency, by checking this box you waive the right to obtain a copy of the report. If unchecked, you will receive this report within seven (7) days of the employer receiving it.

California only: For reports obtained by TeamScreen Solutions, California applicants also may review the file TeamScreen Solutions maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others.

APPLICANT/EMPLOYEE

Signature: _____

Date: _____

Print: Last Name First Name Middle Name

Alias/Maiden Name(s): _____

Social Security Number: _____ Date of Birth: _____

Current Residence Address: _____ (Street) (City) (State) (ZIP) (Dates)
Previous Address: _____ (Street) (City) (State) (ZIP) (Dates)
Previous Address: _____ (Street) (City) (State) (ZIP) (Dates)