

Disclosure and Authorization

Atlantic Hospice, Inc. (herein "Company") intends to request a Consumer Report and/or Investigative Consumer Report in association with my suitability for employment, or if employed, I understand that prior to -or at any time after my employment commences- a consumer report may be requested for the purpose of employment from C3 Intelligence, Inc. (herein "C3"). C3 will furnish such Consumer Report from public records including, but not limited to: motor vehicle history/driving record, social security number, workers' compensation information, and criminal history from any local, state and/or federal agencies as permitted by law.

I understand that Experian, Trans Union, and/or Equifax may be requested to furnish reports bearing credit, credit worthiness, and verification of identity.

I understand that an Investigative Consumer Report may be requested, which under the federal Fair Credit Reporting Act (FCRA) §606(a)(1), will include information such as: information as to my character, general reputation, personal characteristics, mode of living, reason for leaving, information relative to my employment, obtained through interviews with associates who have knowledge of such information.

I understand that C3 is a Consumer Reporting Agency as defined under the FCRA as amended. Please be advised that as such, C3 is not involved in making a hiring decision or recommendation.

I understand that in accordance with the FCRA and applicable state laws, that I have the right to request a complete and accurate disclosure of the investigation requested (herein "Report"). Furthermore, I understand I am entitled to know if employment is denied as a result of information obtained by my prospective employer from a Reporting Agency. If denied employment, I will be supplied in writing the name, address, and toll-free number of the Reporting Agency. I will be advised in writing that the action was based in whole, or in part, on information contained in the Report, and written notice of my rights, including but not limited to:

- I may request to obtain, within sixty (60) days, a free copy of the Report from C3 and any other Consumer Reporting Agency that compiled such Report.
- I may dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request (in person, or written request by certified mail), with reasonable notice (during business hours), and after furnishing proper identification, C3 will provide me with investigative information in my file. C3 will provide trained personnel to explain any information furnished. C3 will also provide a written explanation of any coded information. I will be permitted to be accompanied by one other person of my choosing, who shall furnish reasonable identification.

I understand that any consumer report or investigative consumer report prepared for the Company, by C3, will be used strictly for the purpose of employment as allowed by the FCRA §603(h), §604(a)(3)(B); for the use of evaluation for employment, promotion, reassignment or retention as an employee. I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt and satisfactory information as required by the Company, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such Report(s).

I understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. I authorize the use of my social security number to search for workers' compensation claim information.

C3 does not sell or disclose any of the information found in its background investigations, or furnished Report(s), to any other party other than the Company. I hereby authorize the Company to share such information with parties in interest who have a "need to know" of such information to protect them and their employees.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY LAW ENFORCEMENT AGENCY, LOCAL AGENCY, STATE AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS, PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASON FOR TERMINATION), CREDIT HISTORY, CREDIT WORTHINESS, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY C3 INTELLIGENCE DEEMED PERTINANT TO MY EMPLOYMENT.

A photographic or faxed copy of this Disclosure and Authorization shall be as valid as the original.

_____The following information must be filled out completely and signed in order for your application to be considered_____

(Please print)

Last Name	First Name	Middle Name
Address	City	State Zip Code
Social Security Number	Month of Birth	Date of Birth (1-31) *Year of Birth

*Date of birth information is to be used for identification purposes only. If you do not wish to write your year of birth, please call 866.946.8359 ext 503.

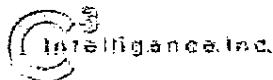
If Applicable, Other Social Security/Names Used _____ Drivers License # _____ State: _____

California, Minnesota and Oklahoma residents may request a copy of their Consumer Report and/or Investigative Consumer Report, including credit reports.

Please mail me a copy of my report.

Authorizing Signature for procurement of Investigative and/or Consumer Report

Today's Date



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Authorized Account Number:
NJHOS9367AA