

IMPORTANT NOTICE
PLEASE READ

Completion of the Background Information Disclosure form attached and cooperation with a Caregiver Background Check as well as other investigative background check information (such as: criminal, civil, education, licensing, certification, and driving as well as other inquiries or reports deemed appropriate as a condition of employment, promotion or transfer) is required for employment/staffing with Marshfield Clinic Health System, Inc. and its affiliated organizations including Marshfield Clinic, Inc., MCIS, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, Lakeview Medical Center and Marshfield Clinic Regional Medical Center, hereinafter referred to as "Entities." This is a legal requirement for some Entities staff under Wisconsin law, but it is a condition of employment for all Entities' staff. The investigative background check will be completed by Entities or a Consumer Reporting Agency on their behalf. Failure to comply fully, completely and honestly may result in denial or termination of your offer of employment, employment or contract of employment. Any and all offers of employment or continued employment by any of the Entities listed above are contingent upon review of the background information and inquiring results. The Entities also reserve the right to deny or terminate employment or contract based on the background information provided or gathered by or on behalf of any of the Entities. Please refer to the attached instructions for additional information.

WHEN YOU COMPLETE THE BACKGROUND INFORMATION DISCLOSURE FORM, YOU MUST BE TRUTHFUL AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE. KNOWINGLY PROVIDING FALSE INFORMATION OR OMITTING INFORMATION MAY RESULT IN REVOCATION OF THE OFFER OF EMPLOYMENT OR TERMINATION OF EMPLOYMENT OR CONTRACT. YOUR COMPLETION OF THE BACKGROUND INFORMATION DISCLOSURE FORM CONSTITUTES YOUR PERMISSION TO ENTITIES (AS DEFINED ABOVE) OR A CONSUMER REPORTING AGENCY ON THEIR BEHALF TO PERFORM THE INVESTIGATIVE BACKGROUND CHECK AND OBTAIN THIS INFORMATION.