



CELL THERAPY REIMAGINED™

BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Have you filed for tax refund before? If Yes when was the last time you filed for it? _____

SSN : DOB: _____

Telephone Number: Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize HepaTx Corporation Inc and its designated agents and representatives to conduct a comprehensive review of my background for employment and/or volunteer purposes. I understand the misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definite period and my, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Further, I understand that any offer of employment is conditional upon satisfactory results of a post-offer background check, which includes a drug screening test, character references, and criminal background check.

I agree to take a drug screening test which may be given at anytime prior to or during my employment. HepaTx Corporation Inc and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____

Date: _____

