

# Statewide Healthcare LLC

Compassionate Care

2130 S. Academy Blvd #103

Colorado Springs, CO 80916-2479

P (719)-434-1513 F (719)-434-8215

## Criminal Background Authorization

I, \_\_\_\_\_ authorize Statewide Healthcare LLC  
Employee FIRST and Last Name (PRINT)

to conduct a criminal background history as required by law prior to my employment with the company.

I have also been informed that the agency is required to conduct a criminal history check before making an offering of employment.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date