



PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as part of the employment process, HamiltonDavis Home Care Agency, Inc. needs to complete a background check on me regarding:

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|--------------------------------------|--|
| 1. Criminal record; | 6. Motor Vehicle Records; |
| 2. Sex and Violent Offenders Record; | 7. Personal/Professional Reference Verification; |
| 3. Employment Verification; | 8. Medical Suitability |
| 4. Education Verification; | 9. Drugs/Alcohol |
| 5. License Verification; | |

- I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to HamiltonDavis Home Care Agency, Inc. or its authorized agent(s).
- I understand that this authorization is to be part of the written and signed employment application.
- I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- I further authorize that a photocopy of this authorization may be considered as valid as the original.
- I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with HamiltonDavis Home Care Agency, Inc. is contingent upon successful completion of a background check.

Signature Date

Full Name _____ Telephone No. _____

Former Name(s) and Date(s) used: _____

Current Address _____

Date of Birth _____ Social Security Number: _____

Current Driver's License: _____ State: _____

List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____