



Pre-Employment Background Check Authorization

I, _____, understand that as part of the employment process, Hosanna Home Care Services needs to complete a background check on me regarding:

- | | |
|-------------------------------------|---|
| 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 | 10. Child Abuse Clearance (if indicated) |

- ◆ I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Hosanna Home Care Services, 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 Hosanna Home Care Services 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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____