

Heart of Gold Health Care

BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as a condition of employment, Heart of Gold Health Care needs to complete a background check on me regarding:

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

I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to HEART OF Gold Health Care 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 Heart of Gold Health Care 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
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYEE SIGNATURE DATE _____