



Authorization for Background Check

I, _____ hereby authorize **Magnolia Home Health Services** to process a Background Check for the purpose of determining eligibility for hire under the title of Home Service Worker in the state of Illinois.

I understand that a “conditional” offer of employment may be extended, contingent upon the receipt of report from the Department of Public Health indication that I have no record of conviction of any criminal offenses.

I further understand that such a “conditional” offer of employment will be terminated immediately in the even that a conviction of any criminal offenses is reported.

Signature

Date