

HERITAGE NURSING AGENCY

704 Tuolumne Street
Vallejo, CA 94590
Phone: (707) 553-7730

CONSENT AND WAIVER

I, _____, confirm that I authorized HERITAGE to do a background check on me and when required, to submit the results to any facility where I may be assigned. I waive all rights and claims I may otherwise have against HERITAGE, for seeking and using information to evaluate my background, and all other persons, corporations or organizations who provide information for this purpose.

This waiver shall serve as a continuous written consent for future background checks, for as long as I am being assigned to facilities/entities as an independent contractor by HERITAGE, unless revoked by me through a written notice to HERITAGE.

Signature: _____ Date: _____