

# HELPING HANDS CARE AGENCY, LLC

## RESIDENTIAL SERVICE AGENCY

### BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our clients, employees and property, Helping Hands Care Agency, LLC the “Agency” will order a pre - employment background report on each prospective employee in connection with employment with Helping Hands Care Agency, LLC.

The background report may contain information concerning a prospective employee’s character, general reputation, personal characteristics, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker’s compensation injuries.

Workers’ compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which a person is applying.

The information may be obtained from private and public record sources, including personal interviews with associates, friends, and neighbors, if applicable. The Fair Credit Reporting Act provides specific rights in dealing with consumer reporting agencies. These rights are summarized in A Summary of Your Rights Under the Fair Credit Reporting Act in Maryland and A Summary of Your Rights Under the Provisions of Maryland COMAR § 14-203(5).

**Maryland State Law Notice:** If the Agency obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

## **Authorization for Background Checks**

After carefully reading this Background Check Disclosure and Authorization form, I authorize Helping Hands Care Agency, LLC to order my background report, including investigative consumer reports. I understand that Helping Hands Care Agency, LLC may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the background check company and its agents all information about or concerning me, including but not limited to:

- My past or present employers
- Learning institutions, including colleges and universities
- Law enforcement and all other federal, state and local agencies
- Federal, state and local courts
- The military; credit bureaus; testing facilities; motor vehicle records agencies
- If applicable, worker's compensation injuries
- All other private and public sector repositories of information

Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree that Helping Hands Care Agency, LLC may rely on this authorization to order background reports from companies other than the background check company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

**Printed Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Helping Hands Care Agency, LLC Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_