

A SERVICE WITH A
DIFFERENCE
(214) 830-7554
FAX 682-422-3181
aservicewithadifference
@gmail.com

Authorization for Background Check
LEIE | Employee Misconduct Registry | Nurse Aide Registry

Full Legal Name: _____

Social Security: _____ **Date of Birth:** _____

I, _____, authorize **A SERVICE WITH A DIFFERENCE** to conduct the following background checks on me: List of Excluded Individuals/Entities, Employee Misconduct Registry, and Nurse Aid Registry.

I understand that continued employment with **A SERVICE WITH A DIFFERENCE** is contingent upon clear background checks and that these checks will occur annually (or more often if determined as needed by the agency) while I am employed/contracted through this agency.

I understand that all results will be kept confidential and will be used for employment purposes only.

Employee or Contractor

Date

A SERVICE WITH A DIFFERENCE STAFF

Date

