

ACTIVE HOME CARE SERVICES LLC

Phone 717-963-7956 Fax: 717-963-7832

PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as part of the employment process, Active Home Care Services needs to complete a background check on me regarding:

- 1 . Criminal record;
- 2 . Sex and Violent Offenders Record;
- 3 . Employment Verification;
- 4 . Education Verification;
- 5 . License Verification;
- 6 . Motor Vehicle Records;
- 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 Active Home Care Services 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 Active Home Care Services 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____