

PROVISIONS HOME HEALTHCARE SERVICES, LLC

Pre-employment Background Check Authorization

I, _____, understand that as part of the employment process, **PROVISIONS HOME HEALTHCARE SERVICES, LLC** needs to complete a background check on me regarding:

1. Criminal record;
2. Sex and Violent Offender record;
3. Employment Verification;
4. Education Verification;
5. License Verification;
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 **PROVISIONS HOME HEALTHCARE SERVICES, LLC** 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 **PROVISIONS HOME HEALTH CARE SERVICES, LLC** is contingent upon successful completion of a background check.

Signature _____
Date

Full Name _____ Phone Number _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____