



Help at Home Homecare

Help At Home Homecare BACKGROUND SCREENING REPORTS RELEASE FORM

In connection with my application for employment with Help At Home Homecare (including the contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, fingerprinting, driving record, education, prior employment verification, and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that information from various Federal, State, local and other agencies that contain my past activities will be requested.

By signing below, I hereby authorize without reservation, any party or agency contacted by Help At Home Homecare to furnish the above-mentioned information. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract.) I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

Please Print

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name (Previous Last Name): _____

Race: American Indian or Alaskan Asian or Pacific Islander Black White
 Unknown

Gender: Male Female Prefer Not to Say Hair Color _____ Eye Color _____
Height: _____ Weight: _____

Date of Birth: _____ State of Birth: _____

Social Security No: _____ Driver's License No: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

- Help at Home Homecare LLC. is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran, or disability status.

For Office Purpose Only

Fingerprint Background Submitted/ Checked Yes No
Fingerprint Background Level 11 Ordered NA Yes Date Ordered _____
Level 11 Eligible Yes No Date of Level 11 Screening: _____ 5 Years to be Re-Screened: _____
Signature of office staff: _____ Date: _____