

## PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, \_\_\_\_\_, understand that as part of the employment process, Home Companion Solutions needs to complete a background check on me regarding:

- |                                      |  |
|--------------------------------------|--|
| 1. Criminal record;                  | 6. Motor Vehicle Records;                        |
| 2. Sex and Violent Offenders Record; | 7. Personal/Professional Reference Verification; |
| 3. Employment Verification;          | 8. Medical Suitability                           |
| 4. Education Verification;           | 9. Drugs/Alcohol                                 |
| 5. License Verification;             |  |

- ☐ I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Home Companion Solutions 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 Home Companion Solutions 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____