



CUDDLY CARE PERSONAL CARE SERVICES

CONSENT FOR HEALTHCARE WORKER BACKGROUND CHECK

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment. If discovered after employment begins, discipline or termination of employment.

Any information provided regarding race, gender, height, eye color, hair color, weight, place of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used against me in violation of the law. I understand that the provision of my social security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____ City : _____

State : _____ Zip Code: _____ Other names Used : _____

States Where You Lived? _____

Male Female Race _____ Height _____ Weight _____ Date of Birth _____

Social Security Number: _____ Hair Color : _____ Eye Color: _____

Place of Birth : _____

Have you ever had an administrative finding of Abuse, neglect, or Theft? (Do not include expunged, sealed, or adjudicated delinquent) Yes No . If "Yes", give full details and state. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for a background check to be conducted on myself based on the information provided.

Signature

Date