



Absolute Senior and Home Care Services LLC Nurse Registry and Healthcare Staffing Division

Background Check Authorization Form

In connection with my application for employment or contract with Absolute Senior and Home Care Services LLC, I authorize the company and/or its designated agents to conduct a background investigation, which may include, but is not limited to, verification of credentials, employment history, education, criminal records, and professional references.

Authorization and Release

I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school, or person to furnish information as requested by Absolute Senior and Home Care Services LLC or its authorized representatives. I release all parties from liability for providing such information.

I understand that this authorization will be used solely for employment or contract eligibility purposes and that all information obtained will remain confidential and used only by authorized personnel.

Applicant Information

Full Name: _____

Other Names Used (if any): _____

Social Security Number (last 4 digits): _____

Date of Birth: _____ Phone: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Disclosure and Consent

I understand that providing false or misleading information in connection with this authorization may result in immediate disqualification or termination. A copy of this authorization shall be as valid as the original.

Signature: _____ Date: _____

Printed Name: _____

Agency Representative: _____ Date: _____