**PRE-CAREGIVING SERVICES BACKGROUND CHECK AUTHORIZATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that as part of the caregiving services process, CareKnots needs to complete a background check on me regarding:

1. Criminal record;
2. Sex and Violent Offenders Record;
3. Caregiving services 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 CareKnots or to the Client.
	* I understand that this authorization is to be part of the written and signed caregiving services application.
	* I also understand that I do not have to give authorization for a background check but if I don’t give permission, my caregiving services 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 caregiving services with CareKnots 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

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