Sunbridge
home health care

Background Check Authorization

Confidential

Printed Name:

(First Name) (Middle Name) (Last Name)

Former Name(s) and Dates Used:

Current Address Since:

(MM/YYYY) (Street) (City) (State/Zip)

Previous Address Since:

(MM/YYYY) (Street) (City) (State/Zip)

Previous Address Since:

(MM/YYYY) (Street) (City) (State/Zip)

Social Security Number: Date of Birth:

Driver's License Number/State: Telephone Number:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Sunbridge Home Healthcare, Inc and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report may include, but is not limited, to the following areas: verification of social security number, current and previous residences, employment history, educational background, character references, civil and criminal records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records and any other public records.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Sunbridge Home Healthcare, Inc or its agents. I further authorize the complete release of any records or data pertaining to me from other source.

By my signature below, I certify the information I provided on and in connection with, this form is true, accurate and complete.

Signature: Date: