



Employee Background Check Authorization Form

Name: _____ Former Names: _____

Current Address: _____

Previous Address: _____

Date of Birth: _____ Social Security Number: _____

Current Telephone Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License Number/State: _____ Initial Here _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize (**Paisley's Promise Home Health, LLC**) and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Paisley's Promise Home Health, LLC (209 10th Ave S Ste 560, Nashville, TN 37203)** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Paisley's Promise Home Health, LLC (209 10th Ave S Ste 560, Nashville, TN 37203) and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____