

COUNTY BACKGROUND CHECK FORM

NAME _____

MAIDEN NAME _____

DRIVERS LICENSE NUMBER _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

HOME CAREGIVERS REQUEST A CRIMINAL BACKGROUND CHECK WITH THE LOCAL LAW ENFORCEMENT.

OWNER (OR AGENCY REP)

DATE

I, The undersigned do hereby Authorize the release of the above Specific Information. I have read the above and assert that this Consent for release of Information is given freely, Voluntarily, and without coercion.

Signature of Employee

Date

This will serve as confirmation that a local background check with the Local Law Enforcement has been done for the above person reveals No Irregularities.

Signature of Local Law Enforcement Official

Date