

Attach receipt

Prints Taken By: _____

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Request for Background Check

Mail Results to:

LOVEY DOVEY HOME CARE LLC
1640 Franklin Avenue #200
Kent, OH 44240

Please INITIAL next to which type(s) of Background Check(s) you are being printed for.

_____ **BCI**

_____ **FBI**

- Have you lived in Ohio for the past (5) consecutive years? __YES__ NO

Payment Method

Direct Bill: **Lovey Dovey Home Care LLC**

- **Fingerprinting Code(s): 3701 881 Home Health Agency Responsible for Children or Adults (in-home patient care) 4723 09 Nurses**

Applicant Information

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: (____) _____ - _____

SS Number: _____ - _____ - _____

Date of Birth: _____

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

I hereby authorize _____ 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 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. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____