



Background Check Authorization

I _____, understand that as a condition of employment, Central Florida Care Group needs to complete a background check on me regarding:

- | | |
|-------------------------------------|---|
| 1. Criminal Record | 5. Motor Vehicle Records |
| 2. Sex and Violent Offenders Record | 6. Personal/Professional Reference Verification |
| 3. Employment Verification | 7. Medical Suitability |
| 4. Education Verification | 8. 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 Central Florida Care Group, Inc. or its authorized agent(s).

- ✓ I understand that this authorization is to be part of the written and signed employment application.
- ✓ I also understand that I do not have to give authorization for a background check but if I do not give permission, my employment application will not be processed.
- ✓ 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 employment with Central Florida Care Group, Inc. is contingent upon completion of a background check.

Full Name: _____ Contact No.: (____) _____ - _____

Former Names(s) and Date(s) used (Put N/A if not apply):

Name(s)	Date(s)
	____/____/____
	____/____/____

Current Address: _____ Date of Birth: ____/____/____

SSN#: _____ - _____ - _____ Current Driver's License: _____ State: _____

List any other cities, states, and dates of residency during the last 10 years.

City	State	From: Month/Year	To: Month/Year
		____/____	____/____
		____/____	____/____
		____/____	____/____
		____/____	____/____
		____/____	____/____

Signature: _____

Date: ____/____/____