



## Background Check Authorization

**Applicant:** Complete the following information as accurately as possible. (Print Clearly)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ D.L. # \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone # \_\_\_\_\_

Professional License Type: \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_ State: \_\_\_\_\_

Other/Previous Names: \_\_\_\_\_ Date Changed: \_\_\_\_\_

(Attach additional sheet, if necessary)

Addresses: (List past 7 years beginning with your current address. Include **street, city, state, zip code, county & dates** of residence)

1. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

2. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

3. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

Employment Offer Letter (Conditional Employment)

Conditional Job Offer for: \_\_\_\_\_

I am pleased to offer you a conditional position as \_\_\_\_\_ with Reliable Home Health

This offer is conditional, pending the results/return of:

1. Criminal History Check Results: \_\_\_\_\_

2. Other: \_\_\_\_\_

You may begin work on a provisional hiring basis for 30 days. After the 30-day period has been reached you will need to have your employee file up to date with the items that are contingent upon provisional hiring.

Start Date of Conditional Employment: \_\_\_\_\_

Employment Location: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Consumer Number: \_\_\_\_\_

Random Checks to the consumer will be made on a weekly basis, please be advised during this conditional period you will be monitored closely.

Employer Name and Position: \_\_\_\_\_

Conditional Offer Accepted By: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Statement For FBI/PA State Background Check

I, \_\_\_\_\_ would like to swear or affirm with Reliable Home Health that I do not have any criminal records to the best of my knowledge which will disqualify me from employment or referral under OLTL Title 28: Health and Safety.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_