



Background Check Consent Form
Hospice Family Care

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of residence.

In consideration of Hospice Family Care (HFC)'s review of my application, I hereby voluntarily consent to and authorize HFC, or its authorized agents bearing this release or copy thereof, to obtain a consumer report. I agree that this consumer report may include any of the following:

- Employment Verification, Education Verification, Credentials Verification, Personal Identity Verifications, Past Employment Verification, Reference Checks, Criminal Records, Civil Cases, Motor Vehicle Records, Credit Report.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to HFC or its authorized agents. I hereby release HFC, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been informed of my rights.

Signature of Applicant Date

Printed Name Maiden Name(s)

Date of Birth Social Security Number

Driver License Number and State of Issue:

Current Address:

Previous Address(es):

EMPLOYER TO CHECK SERVICES TO BE COMPLETED:

- ALABAMA STATEWIDE CRIMINAL PEER CREDIT REPORT
STATEWIDE CRIMINAL PREVIOUS EMPLOYMENT VERIFICATION
COUNTY CRIMINAL REFERENCE VERIFICATION
SOCIAL SECURITY TRACE WORKER'S COMP
MOTOR VEHICLE REPORT EDUCATION VERIFICATION
SEXUAL OFFENDER REGISTRY OIG EXCLUSIONS
NATIONAL CRIMINAL

STATE(S) COUNTY

From: Gina Stephens
Hospice Family Care
Volunteer Coordinator

\*\*\*NOTE: FOR EDUCATION AND EMPLOYMENT VERIFICATION PLEASE SUPPLY ADDITIONAL INFORMATION (RESUME OR APPLICATION)
\*\*INFORMATION IS BEING VERIFIED BY QUALITY COUNTS, INC. ANY INFORMATION OR QUESTIONS SHOULD BE DIRECTED TO THE FOLLOWING ADDRESS:
Quality Counts, Inc.
PHONE: 205-561-2340 FAX: 205-561-2344 OR 877-435-4982