

CAREGIVER BACKGROUND CHECK AUTHORIZATION

Full Name: \_\_\_\_\_  
(first) (middle) (last) (maiden)

Street Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Driver’s License ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

PREVIOUS RESIDENTIAL ADDRESSES (for previous 10 years):

_____	_____	_____	_____	_____
(street)	(city)	(state)	(zip)	(dates)
_____	_____	_____	_____	_____
(street)	(city)	(state)	(zip)	(dates)
_____	_____	_____	_____	_____
(street)	(city)	(state)	(zip)	(dates)
_____	_____	_____	_____	_____
(street)	(city)	(state)	(zip)	(dates)

EMPLOYMENT HISTORY:

_____	_____	_____	_____
(employer)	(city / state)	(phone)	(dates)
_____	_____	_____	_____
(employer)	(city / state)	(phone)	(dates)
_____	_____	_____	_____
(employer)	(city / state)	(phone)	(dates)
_____	_____	_____	_____
(employer)	(city / state)	(phone)	(dates)

EDUCATION HISTORY:

_____	_____	_____	_____
(institution)	(dates attended)	(institution)	(dates attended)
_____	_____	_____	_____
(institution)	(dates attended)	(institution)	(dates attended)

ADDITIONAL REFERENCES:

_____	_____	_____
(name)	(relationship)	(phone number)
_____	_____	_____
(name)	(relationship)	(phone number)
_____	_____	_____
(name)	(relationship)	(phone number)

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to obtain my information from courts, educational institutions, law enforcement and criminal justice agencies, foreign and domestic governmental agencies (Federal, State and Local), or other sources of information. I further authorize my potential employer and their authorized representatives to conduct interviews in the course of gathering information and conducting investigation relative to the above.

I also certify that the information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE