CAP REVIVAL CARE

Your Best Health Is Our Greatest Achievement

Local Law and Level 2 Background Check Consent Form

Please: **Print** or **Type**

Full Name: _____, _____, _____, _____
First Middle Last Suffix

Other Names Used (Maiden, Aliases): _____

Level 2 Background Demographic Characteristics

Sex: _____ Race: _____ Hair Color: _____ Eye Color: _____ Height: _____
Weight: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Current Address: _____
CITY STATE ZIP CODE

Place of Birth: _____

Please enter any prior states where you have lived in the past 5 years other than your current state.

Prior States: _____, _____,

_____, _____, _____.

I acknowledge that CAP REVIVAL CARE LLC may utilize an external agency to investigate and confirm the information I provided in my employment application. This agency will provide a report to CAP REVIVAL CARE LLC.

I understand that the external agency will gather relevant information from various sources, including but not limited to credit reporting agencies, current and previous employers, criminal conviction records, Department of Motor Vehicles records, military records, academic records, and both professional and personal references. I hereby authorize, without any reservations, any individual, corporation, or other private or public entity to provide CAP REVIVAL CARE LLC with all information pertaining to me.

This consent, whether in original, faxed, photocopied, or electronic format, shall remain valid for this and any future reports and updates that CAP REVIVAL CARE LLC may request.

Applicant Signature: _____ Date: _____

Please sign your full name above with a black pen and date: wet, digital, or drawn electronic signatures **ONLY** (no typed signatures permitted).