



# Caring 4 You Nursing Services

## Criminal Record and Background Check

Applicant Name: \_\_\_\_\_

SIN/SSN: \_\_\_\_\_

As a condition of employment, I understand that I am paying for my background check as I am an independent contractor. Caring 4 You Nursing Services will refund me within 2 - 4 weeks upon proper notification. I understand and agree to submit to a background and criminal investigation check. I release all parties from all liability the employer and any person, firm or corporation who provides information concerning my prior education, employment or character. Please go to your local Police Department and get a BLUE paper. Caring 4 You Nursing Services needs the ORIGINAL by law.

Employee Authorization to release confidential information in my employment file, background check. By affixing my signature hereunder, I hereby do authorize Caring 4 You Nursing Services Signature hereunder, Anneliese Garrison, RN to release any and all confidential employment, background check contained in my employment file to any medical facility or entity with whom they have a staffing agreement, and to any other governmental or regulatory agency at such the agency's request. For all other purposes, my employment records be kept confidential and shall advise any medical facility or their entity to whom records have been provided to also keep such records confidential. I hereby waive any privilege I may have to this information with respect to its release to: CARING 4 YOU NURSING SERVICES. I also understand, the fee for the background check is my responsibility. Caring 4 You Nursing Services will inform me of such fees.

Applicant [Print] \_\_\_\_\_ Date \_\_\_\_\_

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

Caring 4 You Nursing Services Representative:

\_\_\_\_\_ Date \_\_\_\_\_

