## All is Well Care Service L.L.C.

## Background Check Authorization

Print Name:					
(First)		(Middle)	(Last)		
Former Name(s) and Dat	es Use	d:			
Current Address Since:					
	(Mo/Yr)	(Street)		(City)	(Zip/State)
Previous Address From:					
Provious Address From:		(Street)		(City)	(Zip/State)
Previous Address From:		(Street)		(City)	(Zip/State)
Social Security Number:	,	, ,		DOB:	,_,,
Telephone Number:					
Drivers License Number/	State:				
The information contained in hereby authorize representatives to conduct and/or an investigative consunderstand that the scope of imited to the following area residences; employment his criminal history records from driving records, birth records further authorize any indiving formation, werbal or written	a com sumer re of the co s: verific story, e n any cr s, and a vidual, c	prehensive re eport to be ge nsumer report cation of socia ducation back iminal justice a ny other public company, firm,	view of my back nerated for emplo investigative con I security number; ground, character agency in any or a c records.	and its design ground causing a yment and/or volur sumer report may credit reports, cur references; drug all federal, state, co	nteer purposes. include, but is no rent and previous testing, civil and unty jurisdictions vulge any and a
information, verbal or writter agents. I further authorize individual, company, firm, received from other sources and representatives shall re manner in order to protect to social security numbers, and	the co corpora naintair he appl	mplete release tion, or public all information icants persona	e of any records c agency may ha on received from	ive, to include inf and its of this authorization	ormation or data lesignated agents in a confidentia
Signature:				Date:	