

Other Skills:
Hobbies:

Resume attached

Applicant Name: (Please print or type): _____

AUTHORIZATION, RELEASE AND CONSENT

- I certify that I have read and understand the entire Employment Application (2 pages), that the information on this application is correct, and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, in my dismissal. I hereby authorize the company and/or its agents to verify any information in my application for employment, including related papers, oral interviews and additional information obtained relating to my background. I understand that this verification may include but will not be limited to a background investigation of criminal history. I understand and accept that the information obtained or discovered during the verification process is subject to the Fair Credit Reporting Act, 15 U.S.C & 1681 et seq., and will be utilized for employment or other legitimate business purposes only. I further acknowledge and accept that proper use of information discovered in the verification process is solely the responsibility of the user of that information.
- I authorize all persons, schools, companies, corporations, law enforcement agencies and doctors to supply any information concerning my background that they may have whether or not it is on their records. I hereby release and exonerate any person, health care professional, health care provider, officer, investigator, corporation, association, organization, school, institution or law enforcement authority which shall comply in good faith with this authorization and release from any and all liability of every nature arising out of or in anyway pertaining to the furnishing or inspection, as authorized by this release, of documents, records or any other information.
- I certify that I fully understand and agree to provide narrative explanations of any and all arrests and criminal convictions so that such information may be reviewed for job-relatedness. I further understand that a criminal conviction WILL NOT necessarily be a bar to consideration for employment and that criminal histories will be independently verified.
- Consumer reports, including Motor Vehicle Reports, may be obtained as part of the company's evaluation of my job application or employment. The reports may be procured by Summit Home Health Care's Insurance Company on behalf of the company and may include my driving record, an assessment of my insurability under the company's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize the company to procure such reports and additional reports about me from time to time, as it deems appropriate to evaluate my insurability or for other permissible purposes.
- I understand that Summit Home Health Care, Inc., is an equal opportunity employer and does not discriminate in recruiting, selecting and hiring procedures because of race, color, gender, religion, national origin, age, sexual orientation, or disability status nor does it discriminate with regard to Veteran status, if an applicant can perform the duties included in the job description competently.
- The undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

Applicant Signature: _____ **Date:** _____

Agency Representative / Witness Signature: _____ **Date:** _____

For Office Use:

Comments:
