

Please fill out and return with your application for employment

**Notification and Authorization to Release Criminal
Information for Employment Purposes
Four Seasons Healthcare Center**

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check included the following: Criminal history reference searched for felony and misdemeanor convictions at the county and federal levels in every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender history searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize FSHC (Four Seasons Healthcare Center) to conduct the criminal background check described above. In condition with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist FSHC in collecting this information.

I also am aware that records of arrest on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the result of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for FSHC residents and employees.

Position(s) Applied for:

FSHC Department:

Full Legal Name:
(First) (Middle) (Last)

Other Names You Have Used in Past Seven Years:

Current Address:

Previous Address (most recent):

Addresses in the 7 years prior to completing this authorization:

Phone Number: Alternative Phone Number:

Date of Birth:

Gender:

Male

Female

(Month/Day/Year)

Social Security Number:

Driver's License Number:

State of Driver's License:

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes (provide detail on next page)

No

To the best of my knowledge, the information provided in the Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with FSHC. By signing below I hereby provide my authorization to FSHC to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights, I understand that I have a right to appeal an adverse employment decision made by FSHC based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from FSHC's receipt of such appeal.

Signature

Date