



### Permission to Obtain a Background Check

I, the undersigned applicant, (or 'consumer'), in the interest of safety, hereby authorize Holy Angels/Breathe Respite, (or 'the organization') through an independent contractor of its choice, to procure background information about me, prior to my service to the organization. This information may include my driving history, a social security number verification, present and former addresses, criminal and civil history/records, and sex offender records. I understand this authorization shall remain in effect for a period of at least one year and may only be revoked by me in writing. I understand my participation with the organization may depend on the results of the background check.

I understand I am entitled to a complete copy of any background information report of which I am the subject upon my request is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

### Identifying information for Background Information Agency (also known as 'Consumer Reporting Agency')

\_\_\_\_\_  
*First Name (please print) Middle Last*

\_\_\_\_\_  
*Other names used (alias, maiden, nickname)*

\_\_\_\_\_  
*Current Street Address City State Zip Dates lived there*

\_\_\_\_\_  
*Previous Street Address City State Zip Dates lived there*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Daytime Telephone Number*

\_\_\_\_\_  
*Drivers License Number, State Issued*

\_\_\_\_\_  
*Date of Birth*

*Gender: M F*