

Employment Screening

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

D’Vine Caregivers requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. **Please read this statement carefully.**

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my education, employment history, three (3) years of drug, alcohol and accident history from all Departments of Transportation (DOT)-regulated employers, credit history, and motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen to be tested for the presences of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or information as deemed necessary to fulfill the job requirements.

I authorize D’Vine Caregivers and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representative of the Company. The results will be used to determine employment eligibility under this Company’s employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide D’Vine Caregivers with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint files with any agency arising for the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if the employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information and provide address for the last seven –(7) years

Printed Name (Last, First, Middle)

Maiden And/or Any Other Names Used

Current Address (Street, City, State, Zip)

(How long you've lived here)

Previous Address

(How long you've lived here)

Previous Address

(How long you've lived here)

Date of Birth

Social Security Number

Name Exactly How It Appears On Driver's License

Driver's License Number

Authorization to Contact Present Employer for Reference?

Yes

No

Signature

Date