



# Agreement, Authorization and Consent for Release of Background Information

Please type or print

I, \_\_\_\_\_  
Last Name First Name Middle Name

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") Options, Inc. will conduct background checks to research and verify the information I have provided on my application for employment and/or resume including my personal background, character, professional standing, work history, criminal history, driving record and qualifications.

I agree, authorize and consent to the procurement of required background checks and verification of volunteered information. I understand that this is part of the employment pre-screening process and no offer of employment is implied.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Law Enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. Please print clearly.

- Name, as it appears on your driver's license: \_\_\_\_\_
- Other names you have used or are also known as, including maiden name, name changes and any aliases: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_
- Please provide your addresses for the last 7 years:

Current address: \_\_\_\_\_  
Street Apt. # City State Zip Code (Month/Year)

Previous address: \_\_\_\_\_  
Street Apt. # City State Zip Code (Month/Year)

Previous address: \_\_\_\_\_  
Street Apt. # City State Zip Code (Month/Year)

Previous address: \_\_\_\_\_  
Street Apt. # City State Zip Code (Month/Year)

- Please provide states and counties of employment for the last 3 years:

\_\_\_\_\_  
(Month/Year)

\_\_\_\_\_  
(Month/Year)

\_\_\_\_\_  
(Month/Year)

*As with the attached application, I certify that the information provided in this document is true and complete to the best of my knowledge. I understand that misrepresentation or false or omitted facts will be sufficient cause for my dismissal, regardless of the time of discovery by the Agency.*

**Certification:**

"I certify that the information in this application is true and complete. I understand that misrepresentations or false or omitted facts will be sufficient cause for my dismissal, regardless of the time of discovery by the Agency. I also understand that, if hired, my employment is 'at-will' and for no definite time period. Either party may terminate the employment relationship at any time with or without notice.

I hereby authorize investigation of the statements contained herein and I hereby authorize the references provided in this application and all of my prior employers contacted by Options in connection with this application to fully respond to all inquiries concerning me and my prior employment, and I specifically waive prior written notice of disclosure of personnel record information, including, but not limited to, disciplinary reports, letters of reprimand, or other disciplinary action. I authorize my prior employers to provide Options with all information concerning my previous employment and any pertinent information such references may have, personal or otherwise. In consideration of the acceptance of my application for review by Options, I release the Agency and all other parties, including, but not limited to, my prior employers, from any claimed liability arising out of this application and/or any response, statement, or disclosure made by them."

Indiana state law requires Options, Inc. to assure that no employee/contractor has been convicted of offenses listed in 460 IAC 6-10-5, 460 IAC 6-16-2(b)(2). Applicants are therefore required to read and sign the following declaration:

"I declare that I have never committed an act of abuse or fraud in relationship to a dependent person. I declare that I have never knowingly violated applicable rules or laws in any previous employment in residential health care or related employment. I declare that I have not been convicted of a sex crime; battery; neglect, exploitation of an endangered adult or of a child; failure to report battery, neglect, or exploitation of an endangered adult or of a child; theft (if the conviction occurred less than ten (10) years before my employment application date); criminal conversion; criminal deviate conduct; murder; voluntary manslaughter; involuntary manslaughter; or an offense related to alcohol or a controlled substance. I declare that I have never committed an act of abuse or fraud with Medicaid or Medicare. I declare that I have residency status and am authorized to work in the United States. I understand that evidence to the contrary will be grounds for immediate dismissal."

I understand that due to the above state law and Options automobile regulation, Options will conduct a pre-employment criminal history and driving record check. I understand that employment may be terminated if my driver's license is revoked or if I accumulate 6 or more points on my license at any time during my employment.

• \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**