

SEASONS HOSPICE

Est 2004

I hereby authorize Seasons or Crown Hospice and/or its agents to make an independent investigation of my background for confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. This investigation may access records maintained by both public and private organizations. Information requested may include, but not be limited to:

Professional and personal references	Past and current employment
Criminal and police reports	Education
Professional Credentials	Motor vehicle records
Public Records	
Urine or blood tests to determine drug or alcohol use	

I authorize any individual or entities contacted during this investigation to give you any and all pertinent information they may have, personal or otherwise, and release all parties from any and all liabilities, claims or law suits in regard to the information obtained.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Email: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Last Name First Name Middle Name

Present Address City/State Zip Code

Gender Race/Ethnicity Place of Birth

Driver's License Number State of License Date of Birth

Previous States of Residence and Years Resided (Example: Kansas 2015 - 2017)

Social Security Number

Position Applying For