

# A WATCHFUL EYE HOMECARE AGENCY, LLC.



## CRIMINAL BACKGROUND CHECK PERMISSION

Full Name (Candidate): \_\_\_\_\_ Date: \_\_\_\_\_  
List any Previous Name(s) Used: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Issued State: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Height: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_

**Do you have any criminal convictions since age 17 or older where the original charge(s) has/have not been dismissed? Yes or No If yes, please list nature of offense(s), penalty(ies) of conviction(s), and year(s). Attach separate sheet if needed.**

Offense	Penalty	Year

***In connection with my application for employment with A Watchful Eye Homecare Agency LLC., I hereby agree as follows:***

### 1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of A Watchful Eye Home Care Agency, LLC. consideration for my employment application, I hereby authorize the agency to investigate my personal and employment history. I understand that this background investigation will include but not be limited to verification of all information submitted by me to A Watchful Eye Home Care Agency, LLC.

### 2. CONSENT TO CONTACT PAST EMPLOYERS/COMPANIES

I specifically give permission to A Watchful Eye Home Care Agency, LLC. to contact all prior employers/companies for references. I further authorize all current or previous employers and/or managers or supervisors to discuss relevant, personal, and employment history with A Watchful Eye Home Care Agency, LLC. consent to the release of such information orally or in writing and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of A Watchful Eye Home Care Agency, LLC. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my past employer companies to A Watchful Eye Home Care Agency, LLC. I further agree to identify all past employers companies for any liability they may incur because of their reliance upon this Agreement.

### 3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I further authorize A Watchful Eye Home Care Agency, LLC. to receive a copy of any information obtained in the file of any federal, state, or local court, or government agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for A Watchful Eye Home Care Agency, LLC. to have access to said information, I hereby delegate A Watchful Eye Home Care Agency, LLC. as my agent for the receipt of said information. I understand that the scope of this investigation will be limited as required by applicable law.

Finally, I, the undersigned, do hereby remise, release and forever discharge and agree to hold harmless A Watchful Eye Home Care Agency, LLC., its affiliates, representative(s), or agent(s) from and against all causes of action suits, liabilities, costs, and any and all expenses resulting from my background investigation for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_