



Reference Verification Consent Form

I recognize that any offer of employment made to me by NuAngels Home Care,LLC is conditional upon reference and background checks which are acceptable to NuAngels Home Care, and that the information obtained during this process may result in my not being employed by NuAngels Home Care,LLC

I understand that NuAngels Home Care,LLC and/or its designated representatives will conduct pre-employment reference and background checks thoroughly and within the confines of all applicable state and federal laws. I understand that NuAngels Home Care,LLC will maintain any information obtained because of my signing this Consent in my confidential personal file.

I understand that a reference and background check is being performed as part of the process to evaluate me prior to any offer of employment, and is not conducted for any other purpose. I authorize NuAngels Home Care,LLC or its designated representative presenting this consent or a photocopy thereof, to obtain the following records and information about my application for employment with NuAngels Home Care,LLC as the records and information are relevant to the position for which I am applying:

- Criminal History and Convictions
- Motor Vehicle Operation
- Certification and Licensing
- Prior Employment Information
- Personal or Professional References
- Health Records

I authorize my prior employer to release all information relating to my employment with them to NuAngels,LLC Home Care. I further release and hold harmless both prior employer and NuAngels Home Care,LLC from all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Applicant's Signature

Date

Applicant's Name (please print)

OFFICE USE ONLY

Name of Employer: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Date: _____ Pay Rate: _____

Please check the following;	Excellent	Good	Fair	Poor
Performance	_____	_____	_____	_____
Conduct	_____	_____	_____	_____
Productivity	_____	_____	_____	_____
Attendance	_____	_____	_____	_____

Eligible for rehire? _____

Comments: _____