

**DISCLOSURE AND AUTHORIZATION FORM  
TO OBTAIN BACKGROUND FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

**DISCLOSURE**

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Home Care Helpers USA LLC (“the Company”) may request and rely upon one or more state background checks.

If you have official residence in the state of South Carolina for the past year, we will require a SLED Background Check.

If you have not established official residence in the state of South Carolina 1 year go from today’s date, we will require a SLED-equivalent background check from the state you previously had official residence in. The cost will vary per state.

**AUTHORIZATION**

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon state and/or national background reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *current or past* employer(s) for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

I also agree that I may be denied employment or continued employment if currently employed if there is found any conviction or plead of *nolo contendere* (“no contest”) of any crime related to theft; the abuse, neglect, or exploitation of a child or a vulnerable adult as defined by SC §43-35-10; or any drug charges within the last ten (10) years.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Personal Data

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code)

\_\_\_\_\_  
Dates of Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to SC SLED or whichever entity was used to check my background, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which the background company used has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment. I,

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date