

**APPLICANT DISCLOSURE/RELEASE AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I understand and hereby authorize without reservation **BROOKS HOME HEALTH CARE** and its contract agent *BRADLEY SCREENING* to procure a consumer report and /or an investigative consumer report for my employment consideration and to make an independent investigation of my background, references, character, past / present employment, education, motor vehicle records, drug screening records, criminal and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or in other supporting documentation and / or obtaining other information which may be material to my qualifications. These reports will be used for employment purposes only.  
\_\_\_\_\_ (Initials)

I understand that **BROOKS HOME HEALTH CARE** and / or its contracted agent *BRADLEY SCREENING* will adhere to applicable state and federal statues concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, under the guidelines set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights and defined by the Federal Trade Commission. \_\_\_\_\_ (Initials)

The following is a true and complete legal name and all information on this document is true and correct to the best of my knowledge. I understand that all information requested below is for the sole purpose of gathering information accurately and for positive identification and will not is used to discriminate against me in a violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and be subsequently withdrawn based on results of this investigation. I further understand this signed periodic background investigations as a requirement of my continued qualifications. \_\_\_\_\_ (Initials)

\*\*\*\* A telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

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FIRST (PRINT) MIDDLE LAST

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MAIDEN NAME LIST ANY OTHER NAMES USED

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DATE OF BIRTH SEX RACE SOCIAL SECURITY NUMBER

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DRIVERS LICENSE STATE OF LICENSE EXPIRATION DATE

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PRESENT ADDRESS CITY / STATE / ZIP COUNTY HOWLONG THERE

LIST ANY FORMER ADDRESSES YOU HAVE HAD IN THE PAST 7 YEARS?

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FORMER ADDRESS CITY / STATE / ZIP COUNTY

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FORMER ADDRESS CITY / STATE / ZIP COUNTY

CALIFORNIA, MINNESOTA, AND OKLAHOMA APPLICANTS ONLY: \_\_\_\_\_ CHECK HERE IF YOU WISH TO RECEIVE A COPY OF ANY FORMAL REPORT GENERATED AS A RESULT OF THIS INVESTIGATION. (CA.AB655 AS AMENDED)

\*\*\*\*\* BY SIGNING THIS FORM I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLOSURE AND RELEASE FOR INFORMATION

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APPLICANT'S SIGNATURE (PLEASE DO NOT PRINT) DATE

**FAX : (334) 272-7302 Bradley Screening**