



Criminal Background Investigation Consent

I, _____, hereby authorize Onward Healthcare and/or its agents to make an
(Print Name)

independent investigation of my background, references, character, past employment, education, criminal or 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 and/or obtaining other information which may be material to my qualifications for employment.

I release Onward Healthcare and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

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

Full Name Printed

Maiden Name or Other Names Used

Permanent Address

How Long?

City/State

Zip

Date of Birth

Social Security Number

Drivers license number

State of License

Signature

Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Onward Healthcare is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, national origin, citizenship, religion, age, disability, veteran status, sexual orientation, gender identity or marital status.