



Background Check Disclosure and Release

In connection with my application for employment (including contract for services), to Richards Healthcare, Inc., I understand that consumer reports, which may contain public record information, may be requested by Associated Services, Inc. (ASI). These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, education, etc. I further understand that such reports may contain public record information concerning my driving record, worker’s compensation claims, criminal records, etc., from federal, state, and other agencies, which maintain such records.

I AUTHORIZE, WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY ASSOCIATED SERVICES, INC. TO FURNISH THE ABOVE MENTIONED INFORMATION.

Upon proper identification, I have the right to request that ASI divulge the nature and substance of all information contained in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which ASI has previously furnished, within the two years period preceding my request.

I hereby authorize the procurement of consumer reports on me. If hired (or contracted) this authorization shall remain on file and shall serve as an ongoing authorization for obtaining consumer reports at any time during my employment (or contract) period.

_____	_____
Print Full Name	Date of Birth*
_____	_____
Current County of Residence	Previous County of Residence
_____	_____
Current Address	Previous Address
_____	_____
City, State, Zip	City State, Zip
_____	_____
Drivers License # and State	Social Security Number
_____	_____
Signature	Date

*Note: Date of Birth will be used exclusively by ASI for identification purposes only.

If you have resided or worked in more than two (2) counties in the previous twelve- (12) month period, please provide that additional information as well.

_____	_____
Previous County of Residence/Work Location	Previous County of Residence/Work Location
_____	_____
Previous Address	Previous Address
_____	_____
City, State, Zip	City, State, Zip

If additional space is needed please attach a separate piece of paper