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INFORMATION VERIFICATION RELEASE

Please make sure all information supplied is legible

Employee/Applicant name: _____

Other names used: _____

Date of birth: _____ Place of birth: _____ SSN: _____

Current Address:

1. _____
 Street address City State Zip code How long

2. _____
 (Previous) Street address City State Zip code How long

3. _____
 (Previous) Street address City State Zip code How long

Screening Requested: **Driver's license number and state** _____
Please ensure accuracy

- County Criminal Profile
- Credit Profile
- SSN Trace

Authorization Verification Release

I, _____, born at _____ on _____,
 (Name) (City, State, Country) (Date)

having filed an application for employment in the position of _____ at Excelled Care, hereby apply for a background report and I consent to have an investigation made of my character, professional reputation and fitness for the position I have applied for and such other information as may be received, all of which will be reported to Excelled Care.

I hereby agree to give any further information that may be required concerning my past record. I understand that the contents of my background report are confidential.

I also authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, furnish Excelled Care any such information, including documents, records, and files, whether formal or informal, pending or closed, and any other pertinent data, and to permit Excelled Care, or any of its agents or representatives to inspect and make copies of such documents, records, files or other information.

I hereby release, discharge and exonerate Excelled Care, its agents and representatives and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, files and other information or the investigation made by Excelled Care.

I have read the foregoing document and I have answered all questions with respect to my application for a background report fully and frankly. The answers are complete and true to my own knowledge and I affix my signature hereto freely and voluntarily.

 (Signature of Applicant) (Date) (Witness Signature)