



Homewatch CareGivers of Boulder County  
 PO Box 20886, Boulder, CO 80308-3886  
 303-444-1133  
[www.HomewatchBoulder.com](http://www.HomewatchBoulder.com)

### Background Check Information Form

Employee Name \_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Previous name(s) \_\_\_\_\_

Date(s) of name change \_\_\_\_\_

#### Previous Addresses for the Past Five Years

Address \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Dates \_\_\_\_\_

I attest that I, the applicant, have never abused, neglected, sexually assaulted, exploited or deprived any person nor have I subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

I certify that the facts contained in this application form and/or my resume are true and complete to the best of my knowledge, and understand that Subsequent to any employment any such statement and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

I empower you and your agents, to retrieve information from all personnel, education institutions, government agencies, companies, corporations, law enforcement agencies at the federal, state, or county, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The Information received may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation personal history, credit reports, driving history, disciplinary and convictions records. I authorize Homecare, Inc. to share information on me, including my employment record, background check, and TB test results, upon request of any client with whom I am scheduled.

I understand and acknowledge that my background check may be repeated at any time during my employment and that my continued employment may be contingent upon the results of the background check.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any liability for damages for whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I acknowledge that Homecare, Inc. is an equal opportunity employer. Except where there is a business necessity or bona fide occupational qualification, Homecare, Inc. will make employment decisions without regard to race, color, national origin, religion, disability, age, gender, gender identity, sexual orientation, veteran or marital status, or any other basis prohibited by law. I understand that Homecare, Inc. strives to maintain a nondiscriminatory environment free from prejudice, intimidation or harassment based on any of these grounds.

Date \_\_\_\_\_ Signature \_\_\_\_\_