



**HomeSafe, Inc.
Background and Reference Check Form**

I understand that a background check, driving report and reference check will be ordered for employment or volunteer purposes, and I give my permission for such reports. The information will not be used in violation of any state or federal equal opportunity laws or regulations. If any information from these reports results in adverse action, I understand that I am entitled to receive a copy of the report from the Service Provider. If I believe that any of the information is inaccurate I understand that by regulation, I must dispute the information within certain time periods

(Please Print Clearly)

First	Middle	Last	Nicknames or Maiden Names Used		
Street Address		City	State	Zip Code	County
Date of Birth	Social Security #	Sex	Driver's License #	State Issued	

List County and State of your previous residences for the past seven years

Were you ever arrested?

Name of County	State	Date of Residence (Month/Year)		In this County?	
		From	To	Yes	No
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____

AUTHORIZATION RELEASE

I hereby give my permission for HomeSafe – Inc. and its agent(s) to run a background, driving record and reference check and that neither HomeSafe – Inc. nor its agent shall be violating my right to privacy in any manner. I release them all from any liability whatsoever for actions related to this investigation.

Signature of applicant (Employee/Volunteer): _____

Date: _____

Agency conducting background check: _____

Signature of person requesting background check: _____

Date requested: _____

NOTE: The information requested on this form is for the sole purpose of undertaking an employment screening investigation. I understand that the information regarding sex, race and date of birth is requested for the sole purpose of gathering information accurately, and will not be used to discriminate against me in violation of the law. A facsimile or photographic copy of this authorization shall be as valid as the original.