

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF CIVIL/CRIMINAL HISTORIES, CONSUMER REPORTS AND EMPLOYMENT, EDUCATIONAL AND BACKGROUND VERIFICATIONS

I, the undersigned applicant, do hereby authorize Cloverdale Health Care, Inc., (hereinafter referred to as "Cloverdale"), and/or its agents, representatives, employees or independent contractors, (herein referred to as "agents"), to procure or conduct a general investigation of my background.

This investigation and any reports resulting from it may include, but shall not be limited to, employment and educational verification; personal references; personal interviews; personal credit history based upon reports from credit bureaus; driving history; social security number verification; residence history; criminal and civil histories/records and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose such information to Cloverdale and/or its agents, including, but not limited to, any court house, any governmental or public agency, any and all law enforcement agencies and any and all credit reporting bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Cloverdale and its agents from any and all liability, claims and/or demands, of whatever nature, to me, my heirs, representatives, assigns or others making such claim or demand on my behalf, arising from the procurement, selling, providing, brokering and/or assisting with the compilation or preparation of such investigative reports as are authorized hereby.

I acknowledge that this authorization shall become effective as of the date hereof and, if I am hired by Cloverdale, then it shall remain effective throughout the term of my employment with Cloverdale.

PRINTED NAME: _____

First	Middle	Last
OTHER NAMES USED MAIDEN/ALIAS _____		
First	Middle	Last

CURRENT ADDRESS: _____

Street and/or P.O. Box	City	State	Zip Code	Dates
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FORMER ADDRESS: _____

Street and/or P.O. Box	City	State	Zip Code	Dates
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Social Security Number: _____ ****Date of Birth:** _____

Driver's License No.: _____ **Issued State:** _____ ****Male/Female** (Circle One) ****Race: B/W**(Circle One)

**Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

I hereby certify that the above information is true and correct. I understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion or employment.

Signed Name: _____ **Date:** _____