

CHILD ABUSE CLEARANCE AUTHORIZATION

I, _____, understand that as part of Nurse Jackie Homecare's employment, roster or contract processes, I will be required to undergo a Child Abuse History Clearance.

I hereby give my consent for Nurse Jackie Homecare to request a Child Abuse History Clearance be conducted on me.

Furthermore,

- I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Nurse Jackie Homecare or its authorized agent(s).
- I understand that this authorization is to be part of the written and signed employment or contract application.
- I also understand that I do not have to give authorization for a child abuse history clearance but if I don't give permission, my employment application will not be processed further.
- I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- I further authorize that a photocopy of this authorization may be considered as valid as the original.
- I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment or contract with Nurse Jackie Homecare is contingent upon a successful child abuse history clearance.

Signature

Date

Full Name _____ Telephone No. _____

Former Name(s) and Date(s) used: _____

Current Address _____

Date of Birth _____ Social Security Number: _____

Current Driver's License: _____ State: _____

List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)

City	Province	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

