**LOVING HOME CARE OF GEORGIA, LLC**

***BACKGROUND AUTHORIZATION FORM***

Upon submission of my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experience and abilities, along with reasons for termination of past employment. I also understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to any criminal records, civil matters, previous employment, educational background, and other past experiences that may affect your job performances.

I agree that a copy of this authorization shall be as valid as the original. This release is valid for all federal, state, county and local authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge. I understand this form will be kept separately from my application and will not be given to the hiring manager.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last First Middle**

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**Former Names**

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**Social Security Number Drivers License Number & State Date of Birth Sex (M or F)**

**Current Address City/State County Zip Code**

**Previous Address City/State County Zip Code**

**Sworn to and subscribed before me**

**This \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_**

**Notary Public**