

CONSENT FOR SOCIAL BACKGROUND CHECK

In the interest of safety for our clients and their family members, Hands with Heart asks permission to make inquiries with local police, social service and eldercare protection agencies and/or programs to ensure that there are no complaints pending against you that are relevant to the tasks and duties you would be performing for Hands with Heart in the course of your work. Any information received will be directly addressed with you, and you will have the opportunity to explain, defend or answer to any findings. These findings **WILL NOT** be a sole determining factor for employment but one of many criteria being considered when hiring to ensure the correct fit of employees for our clients and agency.

l,	, have been fully informed of the reason for this social background check,
and do hereby fre	eely give my consent. In addition, I understand that the results of this check will brought to me
for explanation a	nd/or dispute. If any negative information is discovered I understand that I will be given the
opportunity to exp	plain and offer my perspective of the situations in question. I further understand that any
findings will not a	lone determine my eligibility for hire with Hands with Heart, LLC.
I hereby authoriz attention for furth	e Hands with Heart, LLC to make any necessary inquiries and to bring any findings to my er discussion.
Date:	
Name:	
Signature:	
Witness Name: _	
Witness Signati	Iro.

The information contained within this document is not shared with any third parties. The information is for record keeping and is kept in the employee's file during employment or as required by law. The information is used in the employee's confidential record of employment. The Employee, by signing this document gives the employer consent to collect the information contained herein and use for the specified purpose.