



Horizon Valley Home Health Care, Inc.

28991 Old Town Front Street Suite 105, Temecula, CA 92590

Tel: (951) 699-4017

Fax: (951) 699-4016

AGREEMENT TO CONDUCT BACKGROUND CHECK

I understand and agree that, as a condition of being selected as an employee at Horizon Valley Home Health Care, Inc., Horizon will conduct a criminal background check. My Signature below constitutes my authorization for Horizon Valley Home Health Care, Inc. or its agents to check my background. I waive and release Horizon Valley Home Health Care, Inc. and its agents from any and all claims I may otherwise have with respect to any such criminal background check. All information obtained will solely be used for a background check and no other purpose and cannot be attached to another document.

Name

Date

Signature

Date of Birth

Social Security #

Email Address (An email address must be provided)

Address City State Zip Code

Any other name or last name that has been used in the past:

Previous Address City/State Zip Code (If less than six years at current address)

Background check completed by: _____ Date: _____ Clear: __Y __N