LOCAL LAW
BACKGROUND CHECK

Please: **Print** or **Type**

Name: _____ _____ _____ _____
(Last) (First) (Middle) (Suffix Jr., Sr, Etc.)

Other Names Used (Maiden, Aliases): _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Present Address: _____
CITY STATE ZIP CODE

I acknowledge that REVAMP CARE LLC may utilize an external agency to investigate and confirm the information I provided in my employment application. This agency will provide a report to REVAMP CARE LLC.

I understand that the external agency will gather relevant information from various sources, including but not limited to credit reporting agencies, current and previous employers, criminal conviction records, Department of Motor Vehicle records, military records, academic records, and both professional and personal references. I hereby authorize, without any reservations, any individual, corporation, or other private or public entity to provide REVAMP CARE LLC with all information pertaining to me.

This authorization and consent, whether in original, faxed, photocopied, or electronic format, shall remain valid for this and any future reports and updates that REVAMP CARE LLC may request.

Applicant Signature: _____ Date: _____