Klamath Falls, OR

Authorization for the Release of Information

Name: _____
Last First Middle

Date of Birth: _____ SSN:_____

I hereby authorize *Assured Quality Home Care Inc.* or any agent of the company, to contact any of my previous employers or to contact schools, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background. Information of a confidential, personal and/or privileged nature may be included. I also hereby release any of the above from any liability and responsibility for their doing so. This research may be performed for information dating back for the past ten years.

I hereby also give my permission, as a condition of employment or apart from my duties relating to employment, or the release of all appropriate background information regarding my credit history, criminal record history, driving record history or other sources of information which is permissible by all governing laws pertaining to employment, insurance or credit history. I believe the to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of the release.

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Applicants signature Date

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