

**HOLLY HALL RETIREMENT COMMUNITY
BACKGROUND CHECK AUTHORIZATION FORM**

New Hire **Volunteer** **Board Member** **Contractor** **Other** _____

Please complete the information below:

Name:

Last	First	Initial
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Maiden name, if married: _____

Other names used: _____

Social Security No.: _____ Date of Birth: ____|____|_____

I hereby acknowledge that I understand this document and consent to a Criminal Background check. I understand that employment with Holly Hall is contingent upon passing the Criminal Background check.

I hereby authorize all persons, schools, all former employers, organizations, law enforcement agencies, or any other entity having information on me, to provide, either verbally or in writing, to Holly Hall Retirement Community, its agents, or assignees, all pertinent background information that has been deemed necessary for Holly Hall Retirement Community to arrive at an employment decision. Furthermore, I agree to hold Holly Hall Retirement Community, its agents, assignees, and any other person or entity that releases the aforementioned information, harmless and agree to release them from any liability arising from said background investigation. A photocopy or facsimile of this original form will serve as authorization.

My signature below gives Holly Hall Retirement Community permission and authority to conduct a Criminal Background check and employment/education verification on me.

Signature: _____ Date: _____