



**PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION**

I \_\_\_\_\_ understand that as part of the employment process, NOVA Angels Home Care needs to complete a background check on me regarding:

- |                                    |   |
|------------------------------------|---|
| 1. Criminal Report                 | 6. Motor Vehicle Records                        |
| 2. Sex and Violent Offender Record | 7. Personal/Professional Reference Verification |
| 3. Employment Verification         | 8. Medical Stability                            |
| 4. Education Verification          | 9. Drugs/Alcohol                                |
| 5. License Verification            |   |

- I authorize all Federal and State agencies, persons and organizations that may have information relevant to this research to disclose such information to NOVA Angels Home Care or its authorized agents.
- I understand that this authorization is to be part of the written and signed employment application.
- I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- I understand that I have specific rights under the Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- I further authorized that a photocopy of this authorization may be considered as valid as the original.

I here certify that all statement on this form is true and correct to the best of my knowledge and belief, I understand that employment with NOVA Angels Home Care is contingent upon successful completion of a background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Former Name(s) and Date(s) used: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Current Driver's License #: \_\_\_\_\_ Sate: \_\_\_\_\_

List any other Cities, States and dates of residency during last 10 years:

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# SWORN STATEMENT OR AFFIRMATION

## APPLICANTS FOR LICENSED HOME CARE ORGANIZATION

Section 32.1-162.9:1 of the Code of Virginia requires that any applicant for employment with a licensed home care organization provide the Commissioner's representative with a sworn statement or affirmation disclosing (1) whether the applicant has a criminal conviction or is the subject of any pending criminal charges within or outside The Commonwealth of Virginia, and (2) whether the applicant has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia.

Any person making a materially false statement on this form shall be guilty of a Class 1 misdemeanor.

Further dissemination of the information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

Last Name \_\_\_\_\_ First Middle \_\_\_\_\_ Maiden \_\_\_\_\_ SSN # \_\_\_\_\_

Street/P.O. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Have you ever been convicted of a crime within or outside Virginia (but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list all and explain: \_\_\_\_\_

Are you the subject of any pending criminal charges within or outside Virginia? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list all and explain: \_\_\_\_\_

Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list all and explain: \_\_\_\_\_

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_