

Liebe Cornelia Hooves to Healing LLC

Background Check Waiver

Pursuant to the Federal Credit Reporting Act, I hereby authorize **Elite Services** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of Social Security Number, current & previous residences, employment history, including all personnel files, education, references, credit history and reports, criminal history records from any Criminal Justice Agency in any or all federal, state, and/or county jurisdictions.

I _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring/retention decisions. I hereby authorize & request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding myself in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Elite Services (Jagers Enterprises, Inc.) and its agents, officials, representatives or assigned agencies including officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below; I understand that a copy of this authorization may be given at any time provided I do so in writing.

_____ **Please Print Clearly** _____

Name: _____

Maiden or All Former Names Used (1) _____ (2) _____

Social Security Number: _____ Sex: _____

Date of Birth: _____ Phone Number: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ State of Issuance: _____

Comments:

Print Residence History for the past 7 years, include City & State:

(1) City: State: From:

(2) City: State: From:

(3) City: _____ State: _____ From: _____ To: _____

1. Have you ever been charged and/or convicted of any crime or offense?:

2. Have you ever been involved in a Civil Action as the Plaintiff or Defendant?:

If you answered Yes to Numbers 1 or 2, please provide the Case Numbers, Date of Action, City & State, Disposition and Current Status below:

Please explain. If more space is needed please use the back of this form to continue explanation:

By signing below, you are certifying that the above information is true and correct

Signature:

Employer Use Only

Please Fax Completed Form to Elite Services:

407-915-3328