

## **Background Screening Requirements / Release of Information Authorization Form**

The attestation requirements of section 435.05(2), Florida Statutes, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this section 435.05(2), and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer;

AND

The proof of screening within the previous 5 years in section 408.809(2), Florida Statutes which requires proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Agency, the Department of Health, the Agency for Persons with Disabilities, the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 if the person has not been unemployed for more than 90 days.

AND

The home health agency will perform a sex offender and OIG clearance as part of the background screening requirements.

This form will maintain in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an application for a health care provider license, please attach a copy of the screening results and submit with the licensure application.

All persons subject to screening will be required to be rescreened every five years. According to section 435.12(2) (c), F.S., an employer of persons subject to screening by a specified. The Agency must register with the Clearinghouse and maintain the employment status of all Employees/contractors within the Clearinghouse. Initial employment /contract status and any Changes in status must be reported within 10 business days.

By my signature below, I authorize the home health agency and Florida State Bureau of Investigation, Division of the Criminal Information to perform a criminal history record information check relative to my application for employment or volunteer services. I further understand that the health care provider cannot provide me with a copy of the results of this criminal history check record.

As a condition of my candidacy for employment, I understand that home health agency will conduct a background check about me for employment purposes. As part of the application process for employment at the Agency, I acknowledge and understand that the home health agency may seek and obtain consumer reports and/or investigative consumer reports, as defined in the Fair Credit Reporting Act, about me. I further acknowledge and understand that the reports may be used for the following purposes: Considering my application for employment; Making a decision whether to offer me employment with ; Deciding whether to continue my employment; Doing periodic rescreening of current employees; and/or Making any other employment decisions affecting me.

By signing this Disclosure and Authorization, I hereby authorize the home health agency to obtain consumer reports or investigative consumer reports about me. I understand and acknowledge that this Disclosure and Authorization allows the Agency, or any other company authorized by the Agency, to contact any and all corporations, companies, entities, or organizations, including, but not limited to, my current and former employers, consumer reporting agencies, professional licensing bodies or agencies, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts and agencies, including tax agencies, motor vehicle agencies, and military services, and I authorize any and all persons and entities contacted to release information about my background, including, but not limited to, information about my employment, education, consumer credit history, professional license history, driving record, criminal record, and general public records' history.

If I am hired, this Disclosure and Authorization shall remain in effect for the length of my employment. I agree that a fax, photocopy or electronic copy of this Disclosure and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the Report and a written description of my rights under the Fair Credit Reporting Act.

I represent to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

DOB: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver License No.: \_\_\_\_\_

Issue State: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_