

# WholeCare Connections, Inc. AUTHORIZATION FORM

## (1) BACKGROUND INVESTIGATION QUESTIONNAIRE:

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other Name (s): \_\_\_\_\_ / \_\_\_\_\_  
(Used Within the Last 7YRS. E.g. Maiden, Other Married Names) Year of Name Change

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Previous Residential Addresses (Previous 7 years):

#### Former Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Years Resided \_\_\_\_\_

#### Former Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Years Resided \_\_\_\_\_

#### Former Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Years Resided \_\_\_\_\_

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last 7 years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## (2) AUTHORIZATION AND GENERAL RELEASE:

I hereby authorize **WholeCare Connections, Inc.**, all of its subsidiaries and affiliates and any employee or agent, including **Fowlers' Profile Links, Inc.**, to request and receive any information and records concerning me, including but not limited to consumer, criminal record history, driving, employment, military and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers. I further release and discharge **WholeCare Connections, Inc.** and all of its subsidiaries and affiliates, and every employee or agent including **Fowlers' Profile Links, Inc.**, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to **Fowlers' Profile Links, Inc.** for a complete and accurate disclosure of additional information concerning the nature and scope of the Investigation. I acknowledge that I have voluntarily provided for employment purposes the above information, and I have carefully read and I understand this authorization.

**NOTICE: Fowlers' Profile Links, Inc.** requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with **Fowlers' Profile Links, Inc.** background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_