

Please Print or Type



Background Consent Form

I, _____, hereby authorize Emma Cares, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for residency now and, if applicable, during the tenure of my agreement with Emma Cares, Inc.

I release Emma Cares, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Name Last: _____ First: _____

Middle: _____ Name Suffix: _____

Other Name (if applicable): _____

Sex (check box): Male Female

Date of Birth ____/____/____ Social Security Number ____-____-____

Current Residence:

Street Address _____

City _____ State _____ Zip _____

County _____ Phone #: _____

Drivers License # _____ Drivers License State: _____

Applicant Name and Signature:

Print _____

Sign _____ Date: _____

*NOTE: The above information is required for identification purposes and will be used as qualifications for residency with Emma Cares, Inc. Emma Cares, Inc. does not discriminate on the basis of Sex, Race, Age, Handicap or National Origin.

Resident must be fully independent as there would not be any medical care provided. Any unfavorable information will not automatically disqualify for potential residency and will be determined on an individual basis.