



Loving Family Home Care Incorporated

Consent for Background Checks, Work History, Medical Testing, Personal References and Direct Deposit of Payroll

I have been informed by Loving Family Home Care Incorporated (LFHC) that it is required, as a condition of my employment with LFHC, that background check(s) be completed and the results verified, accepted, and filed by LFHC. Based on any negative results of these background investigations, LFHC has the right to restrict, deny, or terminate my employment at their discretion.

These background checks may include, but are not limited to, (based on job category: Criminal Background, National Sex Offender Registry, Motor Vehicle (Driving) Record, HHS-OIG Fraud, Credit History Report.

I have also been informed by LFHC that, as a condition of my employment with LFHC, I am required to have medical testing completed.

This medical testing may include, but is not limited to: Pre-employment and/or random drug screening(s), Pre-employment physical, TB skin-testing/screening, N-95 TB mask fit-testing, Proof of Hepatitis-B immunity or signature on vaccine acceptance or declination form.

I have also been informed by LFHC that, as a condition of my employment with LFHC, my work history will be verified and personal references checked.

By my signature below, I hereby grant my consent for LFHC to perform any and all background checks, verifications, and any medical testing listed above. I release LFHC, its officers, agents, and staff, now and in perpetuity from any liability resulting from the completion or results of the above background checks, verifications, and medical testing. I further agree to receive payroll in the form of direct deposit to checking, savings or share accounts, or as a credit on a pay card in lieu of cash or checks.

Name of Employee: _____

Signature: _____ Date: _____