



Background Check Authorization Form

I, _____, authorize Vainshtein Nursing Corporation (“VNC”) to run my background check, which include, but not limited to, Criminal Background Check, Drug Screening Check, Education History Verification, Employment History Verification, Eligibility to work in USA Check, Professional License Verification, Driver License, Car Registration, Car Insurance Verification, References.

| | | |
|-----------------|-----------|------|
| First Last Name | Signature | Date |
|-----------------|-----------|------|

Personal information:

| | | |
|-----|-----|----------------------------|
| DOB | SSN | Previous Names/Maiden Name |
| | | |

Communication:

| | | |
|---------------|---------------------|--------|
| Mobile Phone# | Alt. Phone# or Fax# | E-mail |
| | | |

Address History for the last 2 years:

Current Address _____

Previous Address _____

Previous Address _____

Employment History:

| Dates of Employment | Position | Name of the Employer | Phone number |
|---------------------|----------|----------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Professional References

| | Name | Phone/E-mail/Fax | Connection |
|---|------|------------------|------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

