

# Infiniti Home Health Care, LLC

## *Criminal Background Check Release Form*

I understand that a criminal background check is a requirement for being considered for employment or volunteering with Infiniti Home Health Care.

I consent to Infiniti Home Health Care causing a criminal background check to be run on me by the Colorado Bureau of Investigation (CBI) and/or the Federal Bureau of Investigation (FBI).

I hereby fully release and discharge Infiniti Home Health Care and its officers, agents, and employees from any and all claims for damages which may arise from participating in or as a result of the criminal background check.

I understand that Infiniti Home Health Care will keep this form on file in my personnel record for a minimum of two (2) years.

*List any other names or aliases by which you have been known:*

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male  Female

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Social Security Number

Address: \_\_\_\_\_

I have read and fully understand this release form.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Title of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date