



Hearts of Hope Residential Services
12337 Jones Road, Suite 200-7
Houston, Texas 77070
Office: 281-653-2040
Fax: 281-890-5787

"A place of hope"

Authorization for Background Check

LEIE | Employee Misconduct Registry | Nurse Aide Registry

Full Legal Name: _____

Social Security: _____ Date of Birth: _____

I, _____, authorize **Hearts of Hope Residential Services (HRS)** to conduct the following background checks on me: List of Excluded Individuals/Entities, Employee Misconduct Registry, and Nurse Aid Registry.

I understand that continued employment with **HRS** is contingent upon clear background checks and that these checks will occur annually (or more often if determined as needed by the agency) while I am employed/contracted through this agency.

I understand that all results will be kept confidential and will be used for employment purposes only.

Employee or Contractor

Date

HRS Representative

Date