

# Horizon Hospice & Palliative Care

## CRIMINAL BACKGROUND CHECK AUTHORIZATION

FULL LEGAL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_

If YES, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize HORIZON HOSPICE & PALLIATIVE CARE, INC. to conduct a criminal background check on my behalf. Background checks will be done through Illinois State Police, Information and Technology Command Bureau of Identification. Results are confidential, but may be shared with the Supervisor if necessary. I understand that false or misleading information given in my application, resume or interview(s) may result in discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date