Life Transitions

SAMPLE DISCLOSURE AND AUTHORIZATION FOR EMPLOYEE BACKGROUND CHECK

The purpose of this form is to obtain authorization to conduct a criminal background check. This form authorizes **Senior Life Transitions Inc.** to request this trace through the **Indiana** Criminal History web site.

As part of its employment screening and selection procedures, **Senior Life Transitions Inc.** (the "Company") requires a criminal background trace for its employees and prospective employees. The objective is to verify the accuracy of the information provided through the application process and identify factors that might be relevant to the Company's employment requirements. By signing below, you authorize Company and any entity directed by Company to obtain a report for employment purposes. This report ("the Report") consists of a criminal background check and seeks information which may reflect upon your potential for employment.

You further understand and agree that the Report may be obtained at any time and any number of times, as Company in its sole discretion determines is necessary before, during, or after your employment. This release is valid for a period of one year from date of signature.

Please print full name: Last First Middle

Please print other names you have used: Last First Middle

Your Address

City State Zip

Social Security Number Date of Birth (used as a background check identifier only)

Driver's License Number State Issuing License

I consent to this Release Authorization.

Signature Date