



# Golden Horizons Elder Care Services, Inc.

*"Family Owned & Operated since 1996. Quality Care is just over the Horizon!"*

## Authorization for Employment Verification

Date: \_\_\_\_\_ Employee's Name: \_\_\_\_\_

*The above referenced applicant has listed previous employment with your company. To ensure we can give all possible consideration to them, we are requesting the information below. Any information provided can be faxed to Golden Horizons at 860-388-1773, and will be kept strictly confidential. If you have any questions or concerns, please call 860-388-1788. Thank you.*

Position with your Company: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you re-hire? Yes / No

If not, please explain: \_\_\_\_\_

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I authorize Golden Horizons or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contracted by Golden Horizons to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Golden Horizons or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action, which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability, Golden Horizons, and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Golden Horizons, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by the Company. I also understand Golden Horizons employs only individuals who are legally eligible to work in the United States.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

