

Golden Horizons Elder Care Services, Inc.

251 Main St., Suite 201, Old Saybrook CT 06475 | P: 860-388-1788 | F: 860-388-1773

Date last used

BACKGROUND INFORMATION

Maiden or other names formerly used

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation that includes, among other things, a criminal records check. The existence of a prior criminal record will not necessarily make you ineligible for employment. It is our policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, employment history and the time, nature and job-relatedness of the offense. The information on this form, along with the final report, will be held in confidence.

Per Connecticut General Statutes Section 31-51i, you, the applicant, are not required to disclose the existence of any arrest, criminal charge or conviction, or criminal records subject to erasure pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon.

Date of birth	Driver's License number	State	
Previous Residences – last 5 years Street address	City, state, zip	From date	To date
Street address	City, state, zip	From date	To date
Street address	City, state, zip	From date	To date
Have you ever been convicted of If yes, year, date and state:	of a crime in a state court or	•	state?
Have you ever been subject to a any state, the District of Colum			
If yes, year, date and state:			
I give permission to Golden Hincluding, but not limited to, of Inspector General).			•
Applicant's Signature		Date	

