



***Criminal Background Check Release Form***

I understand that a criminal background check is a requirement for being considered for employment or volunteering with Amaris Home Health Care Agency.

I consent to Amaris Home Health Care Agency causing a criminal background check to be run on me by the Colorado Bureau of Investigation (CBI) and/or the Federal Bureau of Investigation (FBI).

I hereby fully release and discharge Amaris Home Health Care Agency and its officers, agents, and employees from any and all claims for damages which may arise from participating in or as a result of the criminal background check.

I understand that Amaris Home Health Care Agency will keep this form on file in my personnel record for a minimum of two (2) years.

*List any other names or aliases by which you have been known:*

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male  Female

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Social Security Number

Address: \_\_\_\_\_

I have read and fully understand this release form.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Title of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date