**THE RIGHT DOOR FOR HOPE, RECOVERY AND WELLNESS**

**Background Check Authorization Form**

(Please Print Clearly)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| First Name | Middle Name | Last Name |

List Any Previous Name(s)

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Street Address | City | State | Zip | County |

|  |  |
| --- | --- |
|  |  |
| Social Security Number | Driver’s License Number |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date of Birth | Race | Gender |

|  |  |
| --- | --- |
|  |  |
| Professional License Designation (if applicable) | Professional License Number (if applicable) |

I give my permission to The Right Door for Hope, Recovery, and Wellness to conduct a:

* Criminal background check through the Department of State Police Central Records Division located in Lansing, Michigan, and/or, if deemed appropriate by The Right Door for Hope, Recovery and Wellness, the Sheriff's Department in my County of Residence.
* Check on my eligibility to work with/for Medicare/Medicaid Programs through the Federal Department of Health and Human Services.
* Check on my Driving record, if I drive regularly for The Right Door for Hope, Recovery and Wellness, through the Michigan Secretary of State Office.
* Check on my licensure through the State of Michigan Licensing Bureau.

I understand that this form gives The Right Door for Hope, Recovery and Wellness authorization to conduct these checks at any time during my employment with The Right Door for Hope, Recovery and Wellness.

I understand that the results from these checks may result in my not being eligible for the position for which I have applied or obtained.

|  |  |
| --- | --- |
|  |  |
| Signature | Date |
|  |  |
| Supervisor’s Name | Date Completed |