

NOTIFICATION AND RELEASE

Account Manager: Josh Sherrill

Orange County Department on Aging

Company ID: 5536

The information contained in my application for placement with Orange County Department on Aging (hereafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not approving me for the IN-HOME CAREGIVERS list.. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, from any and all liability for any claim or damage resulting therefrom I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain an investigative report that will include personal information regarding me, including but not limited to educational history, work references, driving record, drug testing and criminal convictions or arrests records if allowed, in order to assist The Company in making certain placement decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either an investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform me if a placement decision has been influenced by information contained in a background report, made at request by Castle Branch

List all names that you have used during the last seven (7) years (including married, maiden, and aliases): Please Print

Name(First, Middle, Last) \_\_\_\_\_ Date of Birth(Mo/Day/Yr) \_\_\_\_\_

Maiden Name or "AKA" (First, Middle, Last) \_\_\_\_\_ Dates Used (Mo/Day/Yr) from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Current and previous addresses. PROVIDE ALL ADDRESSES FROM PREVIOUS 7 YEARS. (Use other side of paper if necessary.)

Street Address \_\_\_\_\_ From: \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_ To: \_\_\_\_\_

Street Address \_\_\_\_\_ From: \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_ To: \_\_\_\_\_

Street Address \_\_\_\_\_ From: \_\_\_\_\_

City, State, Zip, County \_\_\_\_\_ To: \_\_\_\_\_

Applicant signature \_\_\_\_\_ (Required) Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Name of staff person completing references \_\_\_\_\_ Date \_\_\_\_\_

Date received information from Criminal Background Check \_\_\_\_\_

Is applicant appropriate for the list? Yes \_\_\_\_\_ No \_\_\_\_\_

Date applicant notified \_\_\_\_\_ . S:RSVP/Forms/Forms-County/Notif.& Release.docx