

AUTHORIZATION FORM

CRIMINAL BACKGROUND CHECK

The Granville Assisted Living Center conducts a criminal background check on all prospective residents, new employees and volunteers. By completing this form you authorize The Granville to conduct a background check.

Full Name

Other Names Used (if any)

Sex

Race

Date of Birth

Social Security #

Current address

Please list any and all arrests and convictions that may appear on your record. Failure to disclose any such record is grounds to deny residency/employment.

Date

Offense

I verify that the above information is true and correct

Signature

Date

Attach photo ID