DAY SPRING, LLC.
ALS & HIGH DEPENDENCY CARE SPECIALIST
– HOME HEALTH SERVICES –

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

DISCLOSURE

Day Spring Home Health, a Division of Day Spring LLC ("Company"), may obtain a consumer report and/or investigative consumer report from a third-party consumer reporting agency for employment or independent-contractor purposes.

The report may include information concerning:

- Criminal history and public records
- Identity and Social Security number verification
- Employment, education, and credential verification
- Professional licenses or certifications
- Motor vehicle and driving records, when applicable
- Other background information permitted by law and relevant to the position or assignment

The Company may use this information when evaluating an individual for employment, independent contractor engagement, assignment, reassignment, retention, promotion, or continued eligibility to provide services.

AUTHORIZATION

By signing below, I voluntarily authorize **Day Spring Home Health, a Division of Day Spring LLC**, and its authorized third-party consumer reporting agencies to obtain consumer reports and/or investigative consumer reports about me for lawful employment or independent-contractor purposes.

If I am employed or engaged by the Company, I further authorize the Company, to the extent permitted by applicable law, to obtain updated reports periodically or as reasonably necessary during my employment or contractual engagement. Additional screening may be conducted to satisfy:

- Company policies and ongoing eligibility requirements
- Federal, state, licensing, or regulatory requirements
- Client or assignment-specific requirements
- Provider-network, referral-partner, payer, or contracting requirements
- Safety, credentialing, reassignment, or continued-service requirements

I understand that:

- This authorization applies to both initial and ongoing screening, if applicable
- A copy of this authorization is as valid as the original

CANDIDATE INFORMATION

Full Legal Name: _____ Current Address: _____

Date of Birth: _____ City, State, ZIP: _____

SSN#: _____ Cell Number: _____

Driver's License #: _____ Email Address: _____

RIGHTS UNDER THE Fair Credit Reporting Act (FCRA)

I understand that I have the right to:

- Request a copy of any report obtained
- Dispute inaccurate or incomplete information
- Be notified if adverse action is taken based on the report

ACKNOWLEDGMENT AND SIGNATURE

I certify that all information provided in my application and supporting documents is accurate, complete, and truthful. I understand that consideration for employment or contractual engagement with **Day Spring Home Health, a Division of Day Spring LLC**, may be contingent upon the successful completion of applicable background screening, reference and credential verification, employment eligibility verification, skills assessments, and any health documentation required for the position or client assignment.

Identification Requirement: I understand that I must provide a clear and legible copy or photograph of a current, unexpired government-issued photo identification document for identity verification and authorized background-screening purposes. Any identification provided will be handled confidentially, securely maintained, and used only for lawful and authorized employment-related purposes.

Privacy Notice: This information is confidential and will be collected, maintained, accessed, and used only by authorized individuals for lawful identity-verification, background-screening, employment, contracting, credentialing, or assignment-related purposes.

Electronic Signature Authorization: By typing, entering, or electronically submitting my full legal name below, I acknowledge and agree that my electronic signature is legally binding and has the same force and effect as a handwritten signature for this Candidate Acknowledgment.

By signing below, I confirm that I have read, understand, and agree to the statements contained in this acknowledgment.

Candidate Full Legal Name	**Date**	**Electronic Signature**
_____	_____	_____

Day Spring Home Health, a Division of Day Spring LLC
Confidential — Authorized for Initial and Ongoing Employment and Independent-Contractor Screening.