

RELIACARE

Criminal Background Check Authorization

I hereby state that I have not been convicted of any of the following:

- a. A felony or an attempt or conspiracy to commit a felony within the 15 years immediately preceding the date of this application for employment or clinical privileges.
- b. A misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult as that term is defined in section 145m of the Michigan Penal Code, 1931 PA 328, MCL 145M, or a state or federal crime that is substantially similar to a misdemeanor described in this statement within the 10 years immediately preceding the date of this application for employment or clinical privileges.

In consideration of this conditional employment or these conditional clinical privileges, I hereby understand and agree that if the criminal history check conducted does not confirm these statements, my employment or clinical privileges will be terminated by ReliaCare Agency, Inc as required by Section 20173 (1) of that Code unless and until I can prove that the information is incorrect. ReliaCare Agency, Inc shall provide a copy of the results of the criminal history check to me upon written request.

I also understand and agree that failure to meet any conditions described in subparagraphs a and b of this statement may result in the termination of my employment or clinical privileges and that those conditions are good cause for termination.

I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than \$500.00 or both.

1 Last Name _____ First Name _____ MI _____

2 Race: Cauc: Black: Asian: Native Amer: Other:

3 Sex M F

4 Date of Birth: Month _____ Day _____ Year _____

5 Maiden or other names used _____

Signature: _____ Date: _____

Authorization for Repayment of Advance for Criminal Background Check

I acknowledge as a condition of employment ReliaCare, I must undergo a background screening. I am requesting ReliaCare to advance me the \$25.00 for my Criminal Background Check through Internet Criminal History Access Tool (ICHAT).

In the event that my employment is terminated or I resign prior to working 90 days (Actual Days worked, not calendar days) I agree to allow the company to deduct the amount of \$25.00 from my final paycheck(s) which may be due to me after the termination of my employment.

Signature: _____ Date: _____