

228 East Main Street
Suite 113
Anoka, MN 55303



Phone: 763-614-4659
Fax: 763-712-5753
Email: office@allstarpca.com

BACKGROUND STUDY AUTHORIZATION

Background study result must be complete, cleared and in accordance with Minnesota Statue 245C.14 before an employee candidate receives a hire date and allowed to begin working for All Star Home Health Care, Inc. All Star Home Health Care, Inc. Human Resource department will notify the potential staff, client (if applicable) and/or the responsible party of an employee's employment eligibility upon receipt of the background study results.

ONLY COMPLETE BACKGROUND STUDY AUTHORIZATION FORMS CAN BE SUBMITTED.

TWO FORMS OF IDENTIFICATION, INCLUDING A VALID PICTURE ID WILL BE NEEDED FOR THE SUBMISSION OF THIS BACKGROUND STUDY.

- Please fax a copy of your ID to fax # 763-712-5753
- Scan and email to office@allstarpca.com

Employee's Name _____
First Middle Last

Birthdate ____/____/____ Gender Male Female

Place of Birth (State) _____ Eye Color _____ Hair Color _____

Race _____ Weight (on picture ID) _____ Height (on picture ID) _____

U.S. Citizen Yes No Driver's License/ State ID Number _____

Permanent Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Have you lived outside of Minnesota anytime since 2015. If so, please list other cities/states and months/years lived outside of Minnesota.

City/State _____ Month/Year to Month/Year _____

City/State _____ Month/Year to Month/Year _____

City/State _____ Month/Year to Month/Year _____

Please list all former first and last names _____

Social Security Number _____ Phone Number (____) - _____ - _____

I authorize All Star Home Health Care to conduct a background study for the purpose of evaluation my potential employment with their agency. I verify that the above information is correct to the best of my knowledge.

Employee Name _____ Date _____