



Background Check Authorization Form

Purpose

Rise & Shine ABA conducts background checks to ensure the safety of our clients, families, and staff. All employees and contractors must authorize a background check as part of the hiring and onboarding process. This includes federal, state, and local screenings where applicable.

1. Personal Information

Full Legal Name: _____

Other Names Used (maiden/alias): _____

Date of Birth: _____

Social Security Number (last 4 digits): _____

Phone Number: _____

Email Address: _____

Current Address:



2. Authorization for Background Check

By signing this form, I voluntarily authorized Rise & Shine ABA and its designated agents to conduct a background check that may include:

- Identity verification
- Criminal history check (federal, state, and local)
- Sex offender registry search
- Child abuse and neglect registry check (state-dependent)
- Employment history verification
- Education or credential verification
- Professional license verification
- Motor vehicle record check (if applicable for your position)

I understand this authorization allows Rise & Shine ABA to obtain information from various federal, state, and local agencies, law enforcement authorities, past employers, educational institutions, and professional licensing boards.

3. Applicant Rights

I understand that:

- I have the right to request a copy of any background check report.
- I have the right to dispute or correct inaccurate information.
- Background check results will be used solely for employment or contracting decisions.
- All information will be kept strictly confidential in accordance with state and federal law.
- Completion of a background check is required for employment or contract work with Rise & Shine ABA.
- Failure to provide accurate information may disqualify me from employment or contracting.



4. Ongoing Authorization

I understand that Rise & Shine ABA may conduct periodic or updated background checks during my employment or contract period when required by law, regulatory bodies, insurance, or company policy. By signing below, I authorize the release of updated background information at any time during my employment or service.

5. Consent & Signature

I certify that all information provided on this form is true and complete. I authorize Rise & Shine ABA to obtain and review any background check information needed to determine my eligibility for employment or contracting.

Full Name (Print): _____

Signature: _____

Date: _____

Parent/Guardian Signature (if applicant is under 18): _____

Date: _____

Administrator Section (Office Use Only)

Background Check Completed On: _____

Cleared / Not Cleared: _____

Reviewed By (Name/Title): _____

Notes: