



SELF-DIRECTED ATTENDANT CARE
EMPLOYEE DATA FORM

Please Read Carefully

Neither the acceptance of this data form nor entry into any type of employment relationship or employment agreement with a Member for the consideration of employment shall serve to create an actual or implied contract of employment with Covenant Consumer Direct.

I authorize investigation of all statements provided to the Member or contained in this data form. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without notice. I hereby give my Member permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release my member from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that we may request an investigative consumer report from a consumer reporting agency, including information on your background, as deemed necessary. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I understand that I may begin working once I have received written authorization (Okay to Work Form) from Covenant Consumer Direct. If applicable and requested, employment remains conditional until the results of the criminal background check have been received and approved.

Signature of Applicant: _____ **Date:** _____

