

Louisville Care Community

Featuring Long Term Care and Assisted Living Services

**410 West 5th Street
Louisville, NE 68037-6006**

**Phone 402-234-2125
Fax 402-234-2431**

Background Inquiry Authorization Release Form

I do hereby give permission to the Louisville Care Community to do a criminal background check on me. I understand they may utilize records from the Cass County Sheriff's Department, State Highway Patrol or other such organizations. I also understand that the Louisville Care Community obtains information from the Adult and Child Abuse Registries. I understand that if employed by Louisville Care Community that my continued employment is contingent upon the findings of these background checks.

Full Name – Printed

Signature

Date of Birth

Witness