



Authorization and Release  
(For Pre-Employment)

I \_\_\_\_\_, hereby give Joyal Health Care Services, Inc.  
(Name of Applicant & Discipline)

my permission to conduct an investigation to obtain information which the company thinks is necessary to determine my qualifications for employment with the company, including but not limited to, my permission to contact any former employer, any personal or professional reference, any bank, credit or finance bureau or office, any police department, law enforcement agency or any other appropriate source or individual for the purpose of gathering information, personal or otherwise, that such source may have relating to my character, general reputation, or criminal record, and I give my consent to any source to release to the company whatever information they have about me.

I understand that the information requested about me on this form is necessary so that accurate information is obtainable.

I also unconditionally release all named and unnamed sources any and all liability that might result from furnishing any information about me.

Prospective Employer: JOYAL HEALTH CARE SERVICE, INC.

PRINT NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY/STATE ZIP: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

CITY/STATE ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*DATE OF BIRTH: \_\_\_\_\_

(\*for accurate info retrieval)3

PROFESSIONAL LICENSE# \_\_\_\_\_ STATE: \_\_\_\_\_

DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

(If never licensed, please write N/A)

APPLICANT'S NAME (please print): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

JOYAL WITNESS NAME (please print): \_\_\_\_\_

JOYAL WITNESS SIGNATURE: \_\_\_\_\_