

## Fiscal Agent Background Check Information and Release

Wisconsin Statutes require employers of individuals involved in the home or personal care of others to conduct an extensive caregiver criminal background check of those considered for employment, as required by the Wisconsin Caregiver Law. Please complete the information requested below and sign this form to enable us to comply with these laws.

*Conviction of a crime does not automatically disqualify you from employment.*

Employee Name (full legal name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list all the dates, cities, and states you have lived in the past seven (7) years and the name(s) by which you were known if different from your name now. Indicate the number of years at each residence.

Street Address	City	State	Years at Residence (from – to)	Name(s) By Which You Were Known
Current:				
Previous:				
Previous:				
Previous:				
Previous:				
Previous:				
Previous:				
Previous:				

If you have indicated above that you have lived out of state prior to your residency in Wisconsin, by signing below you agree to have a background check run from other states in which you have lived. By signing this form, you also acknowledge that any convictions found in your background will be shared with the Employer/Client.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_