



EMPLOYEE DATA FORM & BACKGROUND CHECK CONSENT

Instructions for Applicants: Supply the information below to set up your employee file and conduct a pre-employment background check as required by program rules. Please list full legal name as it appears on your social security card. Review and sign the consent.

Employee Contact /Background Check Information					
Full Legal Name: _____					
First	Middle		Last		
Physical Address: _____					
Street	Apt/Unit #	City	State	Zip Code	
Mailing Address: _____					
<small>(if different than physical address)</small>					
Street/PO Box	Apt/Unit #	City	State	Zip Code	
County: _____					
Phone #: Home (____) _____ Cell (____) _____ Email: _____					
We may reach out to you via SMS/Text Messaging concerning your services with CDCN. Please note that CDCN will never request sensitive personal information, such as your Social Security Number, banking details, address, or date of birth through text messages. If you receive an SMS message from CDCN and would like to opt-out from future SMS messages, please respond to the initial message with "STOP".					
Emergency Contact: _____					
Name		Phone	Relationship		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose					
Date of Birth: _____			Social Security#: _____ - _____ - _____		
Employment Relationships					
Name of Veteran Receiving Services: _____					
Employee's family relationship, if any, to Veteran Receiving Services: _____					
Name of Employer of Record: _____					
<small>(Veteran or Veteran's Representative)</small>					

Authorization to Obtain and Consent to Release Background Check Information – I understand the information request above is to set me up in the Consumer Direct Care Network's (CDCN) accounting system and to obtain a criminal background check on me through the Colorado Bureau of Investigation. I authorize release of the background check findings to the Veteran Directed Care (VDC) program authorizing agency, the Denver Regional Council of Governments, **the VA Eastern Colorado Health System, the VDC Employer of Record and/or the VDC Participant** who will determine if there are any disqualifying offenses that would prevent me from working for the program participant. I understand this will not be used to discriminate against me in violation of any law.

Signature of Applicant: _____ Date: _____

