

RELEASE AUTHORIZATION

SENIOR HOUSING OPTIONS, INC.

Facility Name _____

1510 17th Street

Denver, CO 80202

Phone (303) 595-4464 Fax (303) 595-9225

In connection with my application for employment, I, _____, understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, Senior Housing Options, Inc. may be requesting information from public and private sources about my driving record, criminal conviction record, education, credit and previous employment.

I acknowledge that a telephonic facsimile (FAX) or photographic copy of this document shall be as valid as the original. This release enables most federal, state and county agencies to permit information about me to be released.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer or insurance company contacted by Senior Housing Options, Inc. or agent to furnish the information described above.

Date _____ Signature _____

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

PLEASE PRINT OTHER NAMES YOU HAVE USED

HOME ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

DATE OF BIRTH

STATE ISSUING LICENSE

NAME AS IT APPEARS ON LICENSE