



CHAMPIONS
RECOVERY ROOM

A 3040 100th Street, Urbandale, Iowa 50322
c 515.720.9145
e championsrecoveryroom@gmail.com

Name: _____

Date of Birth _____
Month Day Year

Do you have a current and valid Driver's License? Yes No

Driver License Number _____

Which State it was issued? _____

I authorize Champions Recovery Room and Physical Therapy L.L.C. and/or the Polk County Sheriff's office on the behalf of CRR to run a basic background check for any current wants or warrants by law enforcement agencies.

- I understand that any information obtained by this background check will be considered in determining by suitability for employment by or volunteer service for Champions Recovery Room and Physical Therapy.
- I understand that falsification, misrepresentation or omission of any facts pertaining to this background check will be cause for denial of employment and/or volunteer service or for immediate termination of employment and/or volunteer service regardless of the timing and circumstances of discovery.
- I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of the background check will result in withdrawal of any offer of employment and/or volunteer service or termination of employment or service.
- I understand that if contradictory results are found, additional information may be requested of me to help verify and ascertain identity and/or validity of the background check results. This release will be valid for up to one month from the date of applicant's signature below. A photocopy of this release form will be valid as an original, even though the said photocopy does not contain an original writing of my signature.

Applicant Signature: _____ Date: _____