



**Employee Handbook Acknowledgement Form**

I acknowledge that I have received a copy of Aequor Healthcare Services Employee Handbook. I acknowledge that I have been informed that the complete Aequor Healthcare Services employee handbook is available at [www.aequorhc.com](http://www.aequorhc.com)

I understand that in processing my application with Aequor Healthcare Services an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquires or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless Aequor Healthcare Services from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize Aequor Healthcare Services to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting Aequor Healthcare Services authorization to release confidential medical information upon the request from Aequor Healthcare Services clients while I am actively working at the client's facility and /or during the profiling and placement processes.

I have read and understand Aequor Healthcare Services policies and my requirements as a Aequor Healthcare Services employee. I understand that if I have any questions and/or need clarification for items addressed in the handbook, it is my responsibility to contact the Aequor Healthcare Services office to discuss.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name