

**AUTHORIZATION TO RELEASE INFORMATION**

I voluntarily give *GOOD SISTERS & BROTHERS HOMECARE SERVICES* the right to make a thorough investigation of my past employment and activities and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the pre-assignment physical examination, and such future physical examinations as may be required by *GOOD SISTERS & BROTHERS HOMECARE SERVICES* at such times and places they designate.

I understand that I will be required to follow the policies and rules of *GOOD SISTERS & BROTHERS HOMECARE SERVICES* and that infractions of said rules may lead to termination of my contract. I also understand that my contract as an Independent Contractor may be terminated for any misstatement or omission of fact appearing in this application form.

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*Date*

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*Applicant's Signature*