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## CONFLICT OF INTEREST

I acknowledge that I have read the company policy statement concerning conflict of interest and I hereby declare that neither I, nor any other business to which I may be associated, nor, to the best of my knowledge, any member of my immediate family has any conflict between our personal affairs or interests and the proper performance of my responsibilities for the company that would constitute a violation of that company policy. Furthermore, I declare that during my employment, I shall continue to maintain my affairs in accordance with the requirements of said policy.

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Signature of Applicant

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Date

## RELEASE OF INFORMATION

I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies and investigative agencies to give Best of Best HomeCare, Inc. any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, concerning my qualifications for the position applied for. I release to Best of Best HomeCare, Inc. and all its employees from all liability for any damage that may result from furnishing information to Best of Best HomeCare, Inc. I also release Best of Best HomeCare, Inc. and all its employees from all liability for any damage that may result from reliance on the information furnished. I understand that if a consumer investigative report is requested, I have the right under the Fair Credit Reporting Act to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation. This written request should be addressed to the location where this application is filed.

Full Name (Please Print) \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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**Best of Best HomeCare, Inc.**

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