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**Team Kellel, Inc.**

**HOC Background Check Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby grant **Team Kellel, Inc.** permission to run a *Health Occupations Credentialing (HOC) Background Check* on my behalf for possible employment.

If hired, I grant **Team Kellel, Inc.** permission to run this *HOC Background Check* each and every year I am employed, as required by the State of Kansas.

This document expires on the date my employment with **Team Kellel, Inc.** terminates.

Print Name:

Date:

Signature\*:

*\* A signed copy of this HOC Background Check Authorization, and any other ancillary agreement transmitted by facsimile, email, or other means of electronic transmission, shall be deemed to have the same legal effect as delivery of an original executed copy of this HOC Background Check Authorization and such other ancillary agreement for all purposes.*