**Background Check Consent**

As a condition for my application to be considered, I comprehend and consent to undergo background screening and State/local/federal Abuse Registry screenings.

I've submitted an application for a contract role at SHINE ABA SOLUTIONS, where the position involves engaging with individuals in a case management capacity.

I understand that if my screening results contain negative findings, I will not be considered for the position of Behavior Analyst or Behavior Assistant / Technician / RBT by SHINE ABA SOLUTIONS.

I hereby authorize any background screening firm retained by SHINE ABA SOLUTIONS for screening purposes to conduct such screening and provide the results to SHINE ABA SOLUTIONS, and I release SHINE ABA SOLUTIONS and any person affiliated with SHINE ABA SOLUTIONS and any such institution or person conducting the screening from liability as a result.

 **Applicant’s Print Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_