

PRE-EMPLOYMENT INQUIRIES RELEASE AND CONSENT

In connection with my application for employment (including contract for services) with Piedmont Behavioral Healthcare, I, the undersigned, understand and consent that a consumer report which may contain public record information will be requested. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. A facsimile or other copy of this release/consent bearing my signature is as valid as the original. For purposes of gathering this information, I agree to supply the following information:

Please print the following information

Last Name	First	Middle	Maiden
Current Address:			SS#:
City/State/Zip:			County:
Previous Address, If at Above Address Less Than 3 Years:			
Date of Birth:	Race:	Sex:	
Drivers License #:	State of Issue:	Date Issued:	

I hereby fully release and discharge above named employer, their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer, from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have the right to make a request, upon proper identification, of all the information obtained from the consumer report agency.

Date: _____ **Signature:** _____

Equal Opportunity Employment Information (This information is voluntary)

Piedmont's policy prohibits discrimination based on race, sex, color, creed, national origin, age or handicap. Sex, age or absence of handicap is a bona fide occupational qualification in a small number of jobs. The information requested below will in no way affect you as an applicant. It's sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Ethnic Group

White (non-hispanic) Black (non-hispanic) American Indian (including Alaskan native)
 Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin) Asian (including Pacific Islander)

Sex: Male Female Are you a U.S. citizen? _____

Handicap: A handicap is any impairment which substantially limits one or more major life activities. A handicapped person is one who: (i) actually has such an impairment; (ii) has a record of such impairment; or (iii) is regarded as having such an impairment. Non-handicapped persons should check None.

The reporting of a handicap is strictly voluntary. Handicapped persons who do not wish to report their handicaps should check None/Prefer not to report.

Information reported on this form will be maintained only in personnel files which must be kept confidential under State Law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

- None/Prefer not to report
- Blind or Visually Impaired
- Deaf or Hearing Impaired
- Loss or limited use of arms/legs
- Non/Semi Ambulatory (use of wheelchair)
- Respiratory Impairment
- Nervous System/Neurological Disorder
- Mental Illness/Emotional Disturbance
- Mental Retardation
- Learning Disability
- Other _____

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