

Lafayette Center For Mental Health Services, Inc.

(LCMH)

Matthew Atteberry

(620) 421-3770

Internal Use Only

Position:

Tier N

Fax to: 1-800-992-9402 or 1-954-929-5959

Employee Authorization to Release Records (rev. February 2008)

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.

I hereby authorize VSI an agent of Lafayette Center For Mental Health Services, Inc. to make a thorough check of my past Employment, Education, and activities. I release from liability all persons, companies, and corporations supplying that information. I release and indemnify Lafayette Center For Mental Health Services, Inc. and VSI against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Please print clearly. Print your name exactly as it appears on your driver's license.

Form with fields for Last Name, First Name, MI, Social Security Number, Date of Birth (mm/dd/yy), Other Names, and Driver's License #.

Last 3 residences (starting with your current residence):

Table with 5 columns: Street Address, City, State, Zip, How Long? for 3 rows.

Current Employment (leave blank if you are currently NOT employed)

Form with fields for Current Employer - Company Name, Current Employer - City, Current Position, Dates of Employment (mm/dd/yy Start/End), and Phone.

MAY WE CONTACT YOUR CURRENT EMPLOYER? (please specify)

YES NO

Previous Employment - last 3 employers (NOTE: If employed through a TEMPORARY AGENCY, provide the name)

Table with 4 columns: Company Name, City, Position, Dates of Employment (mm/dd/yy Start/End) for 3 rows.

Education (NOTE: You Must Complete Either High School OR GED Information)

Table with 6 columns: School Name, City, State, Degree, Year, and questions about graduation/GED.

Have you ever been convicted, entered a plea of no contest, had prosecution deferred, or adjudication withheld for any offense other than a minor traffic violation? If so, please explain:

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines:

Form with fields for Date of Birth (mm/dd/yy), Home Tel, and Cell.

Signature

e-mail address

Date Signed