

APPLICANT AUTHORIZATION For RELEASE of INFORMATION

I hereby authorize the following employers to release information to Behavioral Health Specialists Inc regarding my employment:

- 1.
- 2.
- 3.

This release of information covers my employment record in general, including information on the following questions:

1. Dates of employment
2. Position(s) held
3. The quality and quantity of my work
4. My attendance habits (excluding workers' compensation, pregnancy, disability and protected absences)
5. My relationship with co-workers and supervisors
6. My attitude toward work (cooperative? Positive? Etc.)
7. Reason for leaving and eligibility for rehire
8. Strong and weak points
9. Whether I have had outbursts of temper, threatened, provoked fights with, or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others
10. Other relevant information regarding my performance, skills, abilities, suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Applicant Authorization for Release of Information, my application will be rejected.

Print Name

Social Security Number

Signature

Date