

**PERSONNEL WITH ACCESS TO CONTROLLED SUBSTANCES
AND LISTED CHEMICALS**

Print Full Name: _____

Date of Birth: _____ Place of Birth: _____
(City/State)

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eyes: _____

Driver's License No.: _____ State: _____ Exp. Date: _____

Home Address: _____
(Street Address)

City / State: _____ Zip Code: _____

Home Telephone: _____

Date of Employment: _____ Social Security Number: _____

Job Title: _____

Professional License: (M.D., D.V.M., PHARM., R.N., ETC.) _____

I authorize the conduction of a background investigation as part of my employment. I further authorize the Drug Enforcement Administration (DEA) to provide the company with records and information that may be useful. I release DEA from all liability for any damage that may result from furnishing information about me (which is truthful or made in good faith) to the company.

Signature of Employee or Applicant: _____

Date: _____