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

Print Full Name:--------------------------

Date of Birth:---------

Place of Birth:

(City/State)

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Sex: \_ Race: \_

Height:

Weight:

Hair Color:

 Eyes: \_

Driver's License No.:-------- State:----- Exp. Date: \_

Home Address:---------------------------

(Street Address)

City *I* 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:------------

August 2005