

APPLICANT'S AGREEMENT AUTHORIZING RELEASE OF PRIVATE INFORMATION

I, _____, have applied for employment with Piedmont Ear Nose & Throat Associates (PENTA), hereby authorize PENTA and its agents to investigate my personal, work, and education histories, and to conduct personal inquiries. I understand that PENTA will send a copy of this agreement and authorization to each individual or entity when PENTA is seeking a reference of background information.

I hereby authorize the person or entity receiving this signed form (including a photocopy, scan or faxed copy) to provide and release such personal, employment, and education related information in its possession or custody as may be requested by PENTA or its agent, and I hereby expressly and knowingly waive any claim of confidentiality I might have with regard to each information.

I hereby also expressly release and agree not to sue any person or entity providing information or records to PENTA pursuant to this Agreement from any and all claims of liability for providing such information and records.

I hereby also expressly waive any right of action, cause of action, or other means of redress I may have against any person or entity supplying PENTA with employment related information, including but not limited to information concerning my background, work history, and disciplinary history to PENTA pursuant to the Agreement.

Signature of Applicant

Date

Printed Name of Applicant