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**RELEASE AND AUTHORIZATION – PROSPECTIVE EMPLOYEE**

In order to determine whether a candidate is suitable for a position, it is necessary to thoroughly review your complete employment background and references. Many employers and references will not provide a candid response unless there is an authorization and release of liability statement. Please carefully review the following paragraph and sign and date the form below.

I, \_\_\_\_\_, hereby authorize any employer, law enforcement agency, state agency, institution or private information bureau that has any record or knowledge of my workers compensation claims, motor vehicle operation history, or criminal history, to provide **US Physical Therapy, Inc. and/or its subsidiaries/affiliates** and/or their Authorized Agent, **DCI Resources, Inc.**, any such information. This authorization is included, but is not limited to birth, court criminal, driving, education, immigration, legal, medical, military, naturalization records and credit history under the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq (the "Act"). This authorization shall be valid five years from the date signed and a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

I waive any provisions impeding the release of this information, and agree to provide any information necessary for the release of this information above and beyond that provided on the employment application. If employed, I further authorize periodic checks of all above referenced sources as maybe deemed necessary by employer.

**Important:** Please print as legible as possible so that your information is processed accordingly.

\_\_\_\_\_  
Please Print Full Name (Include Alias Names)      Social Security Number      Position Applying For

\_\_\_\_\_  
State: \_\_\_\_\_  
Drivers License No. and State      Date of Birth

Current Complete Address: \_\_\_\_\_  
\_\_\_\_\_

What list other cities and states have you lived in for the past 7 years (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature      Date

**\*\*FAX TO HUMAN RESOURCES AT 713-623-6347\*\***