



**P.H.P. of N.C., Inc.**

1500 East Club Blvd, Durham, NC 27704  
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## Consumer Reports Release

In connection with my application for a position with P.H.P. of N.C., Inc., I understand that consumer reports or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving records, education, prior employer verification, workers compensation claims, and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State, and Local agencies regarding my past activities. I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment/ contract.

**(Please Print the following information)**

Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Former Names: \_\_\_\_\_

**Please list addresses for the last 5 years (this is mandatory to complete your application):**

**(A) Current Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years/ months at Residence: \_\_\_\_\_

**(B) Previous Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years/ months at Residence: \_\_\_\_\_

**(C) Previous Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years/ months at Residence: \_\_\_\_\_

**(D) Previous Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years/ months at Residence: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Driver's License (State): \_\_\_\_\_ License Number: \_\_\_\_\_

Professional License: State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant/ Employee/ Volunteer**

\_\_\_\_\_  
**Date**

**Form 5.04-B**