



Meridian
 BEHAVIORAL HEALTH SERVICES
Hope. Heal. Recover.



DISCLOSURE AND AUTHORIZATION



[IMPORTANT -- PLEASE READ CAREFULLY
 BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

ORDER NUMBER:

FAX: 910.343.9731

Company Name: **MERIDIAN BEHAVIORAL HEALTH SERVICES, INC.** ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.



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Last Name _____ First _____ Middle _____

Other Names/Maiden/Alias _____

Gender: Male Female

Social Security*# _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

***REQUIRED**

If you have NOT been a resident in North Carolina for at least 5 years, please list previous address:

Number	Street	City	State	Zip Code
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Internship Questionnaire

Name:

Date of request:

Phone #:

Personal Email:

1) What is the name of the college/university/technical school you are currently enrolled in that is requiring an internship?

2) Where is the institution located? Online? City/State?

3) What academic degree are you pursuing? What is the field of study?

4) What is the name of the program you are enrolled in?

5) Is the program online?

6) Is the program accredited? If yes, what is the accrediting body?

7) What is the name and contact information for the above program?

8) What is the total number of hours that you are expected to obtain?

9) Is there a minimum number of hours per week required?

10) Internship dates:

Start date:

End Date:

11) What is the date that you must have your internship arrangements confirmed by?



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12) How did you come to consider Meridian for an internship?

13) Do you have a program/service of interest? Do you want experience with both child and adult population or just one of these?

14) In what counties are you willing to intern?

15) Have you verified that your degree is license eligible?

16) Do you plan to become licensed or certified in North Carolina, upon graduation? Which licensing board?

17) What credential does your site supervisor need?

For all internship requests, please attach a copy of the following:

- ✓ any program documents related to the internship requirements,
- ✓ liability insurance,
- ✓ background check results (if completed by your school, if not, we will run our own),
- ✓ drug screen results (if completed by your school, if not, we will schedule one for you),
- ✓ TB test results (if completed within the last 12 months, if not, we will schedule for you),
- ✓ description of the program's expectations for the intern and the internship site,
- ✓ any contracts or agreements that Meridian would be asked to sign,
- ✓ completed Castlebranch background check consent form on the next page



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Please email the completed questionnaire and documents to:

tracey.elliott@meridianbhs.org