



## Authorization to Release Information for Reference Check

APPLICANT's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### EMPLOYMENT AGREEMENT

I give this facility permission to contact previous employers and personal references and release from all liability for any damage whatsoever incurred in providing such information. A copy of this authorization bearing my signature has the same force and effect as the original. I understand my employment and/or continued employment may be dependent upon the results of background checks and a physical examination. I understand my employment may be terminated for any dishonesty in completing this application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

	Excellent	Good	Fair	Poor
Attendance				
Dependability				
Performance				
Team Player				
Job Knowledge/Skills				
Attitude				

Employment Dates: Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Eligible for Rehire: (Circle one) Yes No If no, please explain: \_\_\_\_\_

Reference check given by: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship or Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_