

Candidate Authorization for Reference Release

Upon signing of this application, I represent and affirm that all of the information now or hereafter given by me in support of my application for employment (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that falsified information, dishonest answers, misrepresentation or significant omissions to any question may disqualify me from further consideration for employment and may be considered grounds for rejection of my application or my immediate discharge if discovered at a later date. I authorize you and/or your agents to verify any of the information concerning my employment, education, credit or criminal history with the appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require including my prior disciplinary employment record without any obligation to give me written notice of such disclosure. I hereby release you, your agents and them from any liability whatsoever as a result of such inquiries and disclosures.

Driver's License Number

State

Expiration Date

Please list any prior addresses which you have resided:

| |
|--|
| |
| |
| |

Candidate Signature: _____

Printed Name of Candidate: _____

Date: _____