

COMPANY LOGO

Authorization To Release Information

Applicant: **Please read the following paragraph and complete this box only.**

I hereby authorize and request any present or former employer, school or other persons having personal knowledge of me to assist _____ with any and all information that would relate to my application for employment. I also authorize _____ to investigate, without liability, all statements contained in my application for employment. I release the above stated party from liability for any information they provide me concerning my employment. I specifically waive any liability for any present or former employer who may provide information on this authorization. I agree that a photocopy of this authorization will be accepted with the same authority as the original. I understand this authorization is to be part of the written employment application.

Signature: _____ Date Signed: _____
 Social Security Number: _____

Date: _____

To: Reference Contact: _____
 Fax/Phone/Address: _____

From: Company Name – Human Resources
 Phone: 000-000-0000 Fax: 000-000-0000

_____ is being considered for a position with (COMPANY). Please complete this form and verify that the employment dates were from _____ to _____. The information requested will be kept in strict confidence. Thank you.

Are the employment dates shown above correct?		Yes/No	
If no, please give the correct dates: From:		To:	
What was his/her position with your firm?			
Please indicate in the appropriate column which adjective describes this employee's general standing.			
	Exceeds Requirements	Meets Requirements	Needs Improvement
Quality of Work			
Quantity of Work			
Cooperation			
Responsiveness to Supervisors			
Attendance			
Reason for Termination:		Salary at Termination:	
Is this employee eligible for rehire?		Yes/No	
If no, please explain:			
Any additional comments:			
Signature:		Title:	Date: