Authorization to Check References

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize: VICTORY PAVING

1. To conduct an employment reference by asking my former employer(s) and/ or educators about my ability to perform my duties, interact with coworkers, management and the public, and any other aspect of my past or current employment.
2. To verify the information, I have provided on my employment application or in employment interview; and;
3. To examine, inspect and/ or copy any records reflecting my employment history, including records of my education, personnel history, supervisory or organizational files relating to my application for employment.

In signing below, I understand the information to be reviewed will consist of information regarding my employment history, and may include; start and end dates, job title or position with the company, reason for leaving the company, job performance and/ or any skills and types of experience, such as certifications and/ or experience working with specific job related tools and equipment, as well as other information relating to my employment.

A photocopy of this authorization shall be as valid as the original.

Any information obtained through this authorization shall be kept confidential by the department performing this reference.

This authorization is valid for 90 calendar days from the date of signature.

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Applicant’s Signature Date

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Signature of Individual obtaining reviewing information Date