

Applicant Reference Consent Form

Please read and complete this form to authorize the release of professional reference information for your employment application.

1. Applicant Information

Full Name:

Position Applied For:

Phone Number:

Email Address:

2. Consent and Authorization

I hereby authorize the hiring organization to contact any of my former employers, educational institutions, and personal or professional references listed below, or otherwise identified, to obtain information regarding my employment history, academic performance, character, and general reputation.

I release all such individuals, employers, and institutions from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

3. Reference Contact Details

Reference 1

Full Name:

Company / Organization:

Job Title / Relationship:

Phone Number:

Email Address:

Reference 2

Full Name:

Company / Organization:

Job Title / Relationship:

Phone Number:

Email Address:

4. Acknowledgment and Signature

By signing below, I certify that I have read, understood, and consent to the terms of this Reference Consent Form.

Applicant Signature (Sign/Print Name):

Date: