

Professional Reference Consent Form

This form authorizes the company and its representatives to contact the individuals listed below to obtain professional references regarding my employment history, qualifications, and performance.

Candidate Information

Full Name:

Email Address:

Phone Number:

Position Applied For:

Professional Reference 1

Reference Name:

Job Title: Company:

Relationship to Candidate: Years Known:

Phone Number: Email Address:

Professional Reference 2

Reference Name:

Job Title: Company:

Relationship to Candidate: Years Known:

Phone Number: Email Address:

Consent and Release Authorization

By signing below, I hereby authorize the potential employer to contact the references listed on this form for the purpose of evaluating my suitability for employment. I understand that this reference check may include inquiries regarding my work ethic, job performance, character, and general reputation.

I hereby release from liability both the potential employer and any individuals, companies, or corporations who provide information in good faith concerning my professional background and character.

Candidate Signature (Print Name to Sign):

Date: