

## **Pre-Employment Reference Check Authorization**

Applicant's Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

I have applied for employment with Fitchrona EMS District and have provided information about my previous employment. My signature below authorizes my former or current employers and references to release the contents of my employment record and to provide any additional information that may be necessary for my application for employment to Fitchrona EMS District, whether the information is positive or negative.

I hereby authorize Fitchrona EMS District to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to Fitch-Rona EMS pursuant to this authorization from any liability, claims charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Fitch-Rona EMS and its representatives for seeking such information and all other persons, corporations or organizations furnishing such information.

This form may be photocopied or reproduced as facsimile, and these copies will be as effective as a release or consent as the original which I sign.

**Applicant's Signature:** \_\_\_\_\_

**Date:**