



APPLICANT REFERENCE CHECK CONSENT FORM

To:

Fax:

From:

Human Resources
Easterseals Tennessee
759 West Church Street, Suite 8
Lexington, TN 38351
731.968.1050 Office 731.968.9003 fax

Date:

Applicant Name: _____ SSN: _____

The applicant listed above is being considered for employment by Easterseals of Tennessee and has listed your organization as a current or former employer. Please complete the form below and fax back to our office at 731.968.9003.

Applicant's Authorization

I voluntarily consent to authorize Easterseals or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that questions may be asked about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information and reason for separation from former employment.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with Easterseals of Tennessee.

I also hereby release Easterseals of Tennessee from all liability for damages or claims – including, but not limited to, defamation, interference with contract, and negligence – which may arise or result from any reference information gathered pursuant to this authorization.

Applicant's Signature: _____ Date: _____

-----Applicant, Please do not write below this line-----

Employee Name: _____
Company: _____
Job Title: _____
Start Date: _____
End Date: _____
Eligible for Rehire? No Yes

Please print name & title of person verifying information

Signature

Phone Number

Date