

**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 knowingly and voluntarily release all former and current employers, references and Fitchrona EMS District from any liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with Fitchrona EMS.

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: