

**Reference Checking Consent & Authorization Form**

Read carefully and completely before signing.

**Section I - Consent**

I have applied for employment with 1st Choice Home Care of SC 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 with their organizations and to provide any additional information that may be necessary for my application for employment to 1st Choice Home Care of SC, whether the information obtained is negative or positive.

I authorize 1st Choice Home Care of SC to investigate all statements made in my application for employment and to obtain 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 1st Choice Home Care of SC from all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with 1st Choice Home Care of SC.

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

**Section II – Signature**

Applicant Name (please type or print) : \_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_Click or tap to enter a date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_