

# APPLICANT REFERENCE CHECK

## CONSENT FORM

TO: \_\_\_\_\_  
Employer

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

The applicant listed above has submitted an application for employment with our agency. The applicant has given Pineland MH/MR/SA consent and authorization to verify their employment with your company/facility. Please verify any/all information pertaining to the employee's work performance, quality of work, etc. Any information provided will be held in confidence. Thank you for your cooperation.

Denise Aldrich  
Human Resource Manager

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To be completed by Applicant:

I authorize Pineland MH/MR/SA to verify any or all employment information pertaining to my previous employment. I also authorize Pineland to request a copy of any transcripts pertaining to my education. I release my previous employers and all persons and organizations from all claims and liabilities of any nature arising from any information provided pursuant to this request.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date.