

## REFERENCE CHECK RELEASE FORM

I authorize Positive Growth, Inc. to conduct a reference check with the following professional, present and/or previous employer(s) listed below. This also serves to authorize my professional, present and/or previous employer(s) to provide reference information to Positive Growth, Inc. as it is requested.

I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor and character, rehire potential, dates of employment, salary and employment history. By providing such authorization, I understand and agree that I release Positive Growth, Inc., its staff, employees, directors and/or agents, from any and all claims or potential claims I may have regarding any and all information released to or by Positive Growth, Inc. and regarding any employment decisions made about me on the basis of such information.

Signature:		
Print your name:	9	
Date:	2 00	
Most Recent Employer:		
Contact:		
Title:		
Phone:		is a
Dates of Employment:		
Previous Employer:		
Contact:		
Title:		
Phone:	×	
Dates of Employment:		
Professional Reference		
Contact:		
Title:		
Phone:		
Length of acquaintance:	7	