



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: _____

Date: _____

Most Recent Employer: _____

Contact: _____

Title: _____

Phone: _____

Dates of Employment: _____

Previous Employer: _____

Contact: _____

Title: _____

Phone: _____

Dates of Employment: _____

Professional Reference _____

Contact: _____

Title: _____

Phone: _____

Length of acquaintance: _____