

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I, _____ hereby authorize
_____ to release the following
information to prospective employers.

_____ Any information sought by the prospective employer, Senior Care of Alaska, Inc.

OR (specify where applicable)

- | | |
|---|-----------------------------------|
| _____ Position(s) held | _____ Dates of employment |
| _____ Salary history | _____ Evaluation scores |
| _____ Reason for terminating | _____ Evaluation comments |
| _____ Eligibility for rehire | _____ Duties and responsibilities |
| _____ Educational and training information including years of attendance, GPA, transcripts, certificates and degrees. | |

I have made my selections and in doing so, provide my former employer/prospective employer (circle one) with my full wishes concerning the release of my employment history. In doing so, I authorize past employers or supervisors, educational institutions, personal references, and/or other persons to release the above information for the purpose of determining my qualification for the job for which I am applying. I understand that my prospective employer will solicit this information. I hold both the former and prospective employers harmless for releasing and obtaining same. I authorize a copy or facsimile of this form to be as valid as the original.

Signature

Date

Name: _____

SSN: _____

Release expiration date: _____