

CAZENOVIA COLLEGE
Reference Check Waiver Form

To the prospective employee:

Please read this document carefully. If you agree to the statements, terms and conditions set forth herein please sign and date this form at the bottom.

Release of Claims Against Providers of References and/or Other Employment – Related Information

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my resume and other materials submitted by me in connection with my effort to obtain employment with Cazenovia College. I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my resume or other materials submitted by me to provide Cazenovia College with any information requested that might be relevant and useful to Cazenovia College in making a hiring decision. I expressly release any such persons, organizations or entities from any and all legal liability for making disclosure of any information about me, which is permitted, by law, to release.

Contact Current Employer:

I do ____ I do not ____ authorize you to contact my current employer. If, and only, if I have authorized you to contact my current employer, I agree to the terms set forth in the above paragraph as applicable to my current employer.

Signature: _____

Print Name: _____

Date: _____