

AUTHORIZATION AND RELEASE

EMPLOYMENT REFERENCE REQUEST

I, _____ hereby authorize Check-M-Out Security Services & Investigations LLC. to conduct an employment search to verify employment which I have listed below.

Please fax this completed release form to (201)760-8818 or mail to Check-M-Out Security Services & Investigations, LLC., PO Box 101 Wyckoff, NJ 07481. Please be assured that all responses are held to the highest confidentiality.

I further understand that any information obtained by Check-M-out Security Services & Investigations LLC. will not be used in violation of any federal or state discrimination law or regulation.

COMPANY NAME: _____ **ATTENTION:**

TELEPHONE: FAX:

APPLICANT NAME: _____ **SOCIAL**

SECURITY # _____ **D.O.B.** _____

FOR USE BY FORMER EMPLOYER

POSITION HELD: FROM TO SALARY OR HOURLY RATE:

Please indicate attendance and punctuality:

Job understanding:

Job performance: Job productivity: Dependability: Cooperation and ability to work with others: Reason

for separation: Willingness to rehire, if not please explain:

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____ DATE: _____ PHONE NO.: _____

I Authorize the above information to be released to Check-M-Out Security Services and Investigations, LLC.

Employee/Applicant Signature: _____

Dated: _____

Witness Signature: _____

Check-M-Out Security Services & Investigations, LLC

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WebSite: <http://www.checkmout.com>