Reference Request and Authorization Form

Please list at least three professional references who have seen your work directly. At least one should be a current or former supervisor. We contact references only for finalists and only after you sign this form. If you do not want us to contact your current employer yet, tell us below and we will respect that.

CANDIDATE DETAILS

Legal full name

Other names used at previous employers (if any)

Position applied for

Requisition or job ID

Phone

Email

REFERENCE 1

Reference full name

Their job title

Organization

Relationship to you

☐ Direct supervisor ☐ Higher-level manager ☐ Coworker / peer ☐ Someone I supervised
☐ Client or customer ☐ Instructor or program supervisor ☐ Other

Dates you worked together (from / to)

Phone

Email

Best time to reach them

REFERENCE 2

Reference full name

Their job title

Organization

Relationship to you

☐ Direct supervisor ☐ Higher-level manager ☐ Coworker / peer ☐ Someone I supervised
☐ Client or customer ☐ Instructor or program supervisor ☐ Other

Dates you worked together (from / to)

Phone

Email

Best time to reach them

REFERENCE 3

Reference full name

Their job title

Organization

Relationship to you

☐ Direct supervisor ☐ Higher-level manager ☐ Coworker / peer ☐ Someone I supervised
☐ Client or customer ☐ Instructor or program supervisor ☐ Other

Dates you worked together (from / to)

Phone

Email

Best time to reach them

CONTACT PREFERENCES

May we contact your current employer?

☐ Yes ☐ Only after a conditional offer ☐ No ☐ Not currently employed

Any reference or employer we should not contact, and why (optional)

May we also confirm dates and title with the HR departments of employers listed on your application?

☐ Yes ☐ No

AUTHORIZATION AND RELEASE

I authorize [Company Name] and its authorized representatives to contact the references listed above, and the employers listed on my application except where I have asked otherwise, to obtain information about my work history, job performance and qualifications for the position of [Job Title]. I authorize those references and employers to provide that information. I release [Company Name] and any person or organization that provides information in good faith from liability arising from providing or using it for this hiring decision. I understand that [Company Name] will use this information only for employment purposes and will keep it confidential. I certify that the information I have given on this form is true and complete. This authorization is valid for [90 days] from the date signed. A copy of this authorization is as valid as the original.

SIGNATURE

Candidate signature

Date

Date

FOR HR USE ONLY

Form received by

Date received

References contacted (names and dates)

☐ Linked reference check forms filed