

Authorization to Release Information

Applicant's Name: _____

Former Name(s) Used: _____

Social Security Number: _____

Birth Date: _____

In exchange for consideration of employment, I hereby authorize Prairie Travelers, Inc to contact any company, person, or academic institution I listed as a professional reference on my employment application to disclose information they may have regarding my qualifications for employment, including but not limited to: verification of certification or license, dates of employment, salary, job description, personal attributes, disciplinary action(s), and opinions regarding my job performance. I will hold representatives of Prairie Travelers, former employers and academic institutions that I have listed as professional references, free from liabilities, claims, and causes of action, known or unknown, contingent or fixed, for providing or receiving any information regarding my qualifications for employment.

Furthermore, I understand that Prairie Travelers screens applicants for a past history of reported resident mistreatment, abuse, neglect and misappropriation of resident property through the Department of Public Health and Human Services and may conduct criminal background checks through the State Department of Justice.

This authorization shall be valid and effective for one year from the date of signature.

Date: _____

Applicant's Signature: _____