



## Reference Release Form

### Authorization

I, \_\_\_\_\_ have applied for the position of \_\_\_\_\_ with Maison McCulloch Hospice. I understand that a condition of my employment is verification of past employment, education, and other information provided on my resume and/or application.

Accordingly, I give a representative of Maison McCulloch Hospice permission to obtain or exchange personal information with the persons listed below.

**Please list three (3) employment references that are or were in a supervisory role. Please do not list relatives, subordinates, or co-workers.**

Name:  
Company Name:  
Position:  
Telephone Number:  
Alternate Contact Information:

Name:  
Company Name:  
Position:  
Telephone Number:  
Alternate Contact Information:

Name:  
Company Name:  
Position:  
Telephone Number:  
Alternate Contact Information:

I confirm that, to the best of my knowledge the information presented on my resume, application or verbally is complete and accurate. I understand that a false statement with the intent to mislead Maison McCulloch Hospice may disqualify me from employment or be grounds for dismissal.

Name		Date	
Email		Phone Number	
Signature			