



**REFERENCE AUTHORIZATION FORM**

I hereby authorize Associated Enterprises and its Divisions, to contact my

current employer and/or my former employer(s)  
(please choose either or both)

on my behalf, to obtain references regarding my performance and other information concerning my previous employment. I hereby authorize my current/my previous employer(s) to respond to requests to provide the requested information. I release all persons connected with any such request for information from all claims and liability, which may arise from the release of such information. I also authorize Associated Enterprises and its Divisions or its designee to obtain a disclosure of my work record, including, but not limited to:

- Attendance
- Performance
- Reason for separation
- Dates of Employment
- Title of position
- Eligibility for rehire
- Final salary

Candidate's  
Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_