

Previous Employers Authorization Form

We will be calling your previous employers. Please complete the following form and sign the bottom of the page to authorize this investigation.

PLEASE PRINT CLEARLY Most Recent Employer First

May we call yes no

Company Name: _____

Supervisor's Name: _____

Company phone number: _____ City _____ State _____

Your job title: _____

Wage/Compensation received: _____

Wage: _____ Start Date: _____ Ending Date: _____

Reason for Leaving: _____

May we call yes no

Company Name: _____

Supervisor's Name: _____

Company phone number: _____ City _____ State _____

Your job title: _____

Wage/Compensation received: _____

Wage: _____ Start Date: _____ Ending Date: _____

Reason for Leaving: _____

May we call yes no

Company Name: _____

Supervisor's Name: _____

Company phone number: _____ City _____ State _____

Your job title: _____

Wage/Compensation received: _____

Wage: _____ Start Date: _____ Ending Date: _____

Reason for Leaving: _____

I understand that the above employers will be called and I agree to allow these employers to release any and all information regarding my employment with their company. They may release this information to Profile Central, Inc. on behalf of the employer considering my application for employment.

Printed Name: _____

Signed: _____ Date: _____

