

Authorization To Release Information



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843-833-2328**

CAROLANNECARES.COM

It Is the policy of Carol Anne's Caregivers LLC to conduct reference checks for employment candidates. Your signature below indicates your permission and agreement with the acknowledgement of the following:

1. As an applicant for employment with Carol Anne's Caregiver's LLC, I authorize my current and past employers and past associates to release to Carol Anne's Caregivers LLC any reference and employment information including but not limited to performance evaluations and records of attendance and work related personal characteristics such as my character, integrity, honesty, interpersonal skills and dependability on the job.
2. I have carefully read and understand all of the provisions of this document and have voluntarily agreed to signed this authorization.
3. A photocopy or fax of this signed authorization is to be considered valid as an original.
4. Carol Anne's Caregivers LLC will maintain this authorization in strictest safekeeping and confidence and solely for the purpose of the recruitment for which I have applied.

Signature Of Applicant

Date

Print Name