



P.O. Box 69 Richland, MO 65556 573-765-3263
FAX: 573-765-4426

EMPLOYMENT INFORMATION RELEASE

I hereby authorize _____ to disclose in good faith any information they may have regarding my qualifications and fitness for employment.

I will hold _____, and any other persons speaking on their behalf giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Printed Name

Date

Signature

AN EQUAL OPPORTUNITY EMPLOYER/SERVICE PROVIDER

COORDINATION
CASE MANAGEMENT
EMERGENCY SERVICES
WEATHERIZATION

HEAD START
FAMILY SUPPORT
LOCAL INITIATIVE
COMMUNITY SERVICES
SECTION 8