

AUTHORIZATION TO CHECK REFERENCES

I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Eureka Springs. A photocopy of this authorization shall be as valid as the original.

Applicant's Signature

Social Security Number: _____

Date of Birth: _____

Dated: _____

NOTE: This authorization shall be valid for a period of six (6) months from the date shown above.