

I release from any and all liability whatsoever all persons and employers who provide information concerning my prior employment. This release shall remain in effect for two years from the date of my signature.

I acknowledge this information may be obtained verbally or in writing. I further acknowledge that a facsimile or photocopy of this release shall be as valid as the original.

| Signature Of Applicant | Date | Signature Of Witness |
| :--- | :--- | :--- | :--- |
| Name Of Applicant (Type Or Print) | Name Of Witness (Type Or Print) |  |

