

UConn HEALTH

Authorization and Release Form

I _____ of _____ hereby authorize
name address

UConn Health, its agents and employees to obtain any and all information, whether written or oral, from my previous employer/s, references, or from any other source which UConn Health reasonably believes can provide information relative to my suitability for employment at UConn Health.

In consideration for the processing and review of my employment application, I agree to release and hold harmless both UConn Health and any source of said information from and against any and all claims arising out of my application for employment by UConn Health, including but not limited to claims for breach of privacy resulting from the disclosure of information as the result of my application for employment.

A copy of this authorization and release shall have the same force and effect as an original.

Please provide a minimum of two manager and/or supervisor references from your last seven (7) years of employment. Other references may include co-workers, professors, and/or teachers. Indicate the name, professional title, and email address below of the individuals you are listing as references. Provide references who are willing and able to comment on your skills and abilities as they pertain to the position you have applied.

Name and Professional Title	Business/Association/Organization	Email Address
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Are you eligible to work in the United States? Yes No

Have you ever been excluded, debarred, restricted, disqualified, or sanctioned from any federal, state or government programs or organizations? Yes No

If yes, please explain: _____

My signature verifies that all information provided by me relative to my submission for employment consideration is true and accurate to the best of my knowledge. I understand that submission of information that is not true or accurate to the best of my knowledge. I understand that submission of information that is not true or accurate may be grounds for disqualification and/or separation.

Applicant Signature Date

Recruiter Name Search Code #