

**AUTHORIZATION AND RELEASE**

*EMPLOYMENT REFERENCE REQUEST*

I, \_\_\_\_\_ hereby authorize Check-M-Out Security Services & Investigations LLC. to conduct an employment search to verify employment which I have listed below.

Please fax this completed release form to (973)403-8197 or mail to Check-M-Out Security Services & Investigations, LLC., 47 Bloomfield Ave., Caldwell, NJ 07006. Please be assured that all responses are held to the highest confidentiality.

I further understand that any information obtained by Check-M-out Security Services & Investigations LLC. will not be used in violation of any federal or state discrimination law or regulation.

**COMPANY NAME:** \_\_\_\_\_

**ATTENTION:**

**TELEPHONE:**

**FAX:**

**APPLICANT NAME:** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**FOR USE BY FORMER EMPLOYER**

**POSITION HELD:**

**FROM**

**TO**

**SALARY OR HOURLY RATE:**

Please indicate attendance and punctuality:

Job understanding:

Job performance:

Job productivity:

Dependability:

Cooperation and ability to work with others:

Reason for separation:

Willingness to rehire, if not please explain:

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

I Authorize the above information to be released to Check-M-Out Security Services and Investigations, LLC.

**Employee/Applicant Signature:** \_\_\_\_\_

Dated: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Check-M-Out Security Services & Investigations, LLC**

47 Bloomfield Avenue, Caldwell, NJ 07006

Phone: 973-403-8362 Fax: 973-403-8197

Email: [Info@CheckMOut.Com](mailto:Info@CheckMOut.Com)

WebSite: <http://www.checkmout.com>