

Managing the Dental Team

ADA's Guidelines for Practice Success™ (GPS™)

WAIVER TO ALLOW A REFERENCE CHECK

To Applicant: Please read this document carefully. If you agree to the statements, terms, and conditions stated below, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification of Accuracy of Statements Made in Employment Application:

I hereby certify that the information provided in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with _____ (company name) is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with _____ (company name), or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials: _____

B. Release of Claims Against Providers of References and/or Other Employment-Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with _____ (company name).

I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide _____ (company name) with any information requested that may be relevant and useful to _____ (company name) in making a hiring decision.

I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted, by law, to release.

Initials: _____

C. Contact with Current Employer:

I DO ___/DO NOT ___ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials: _____

Date: _____

Signed: _____

Print Name: _____

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