

# Candidate Reference Check Authorization

## References

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize Crawford Orthodontic Care (the "Company") or any designated officer, employee, agent, or representative to confer with the above-named references. I understand that the Company may ask my references questions about my educational background, work experience, achievements, wage history, performance, attendance, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references will be used solely for the purpose of determining my acceptability for employment with the Company.

I release all of the above-named references from any claim of liability or damages, including, but not limited to, claims for defamation, interference with contract, and negligence—which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date