

CONSENT TO DISCLOSE EMPLOYMENT INFORMATION

I _____, an employee of the Department of Community Health (DCH), am aware that in the usual course of business when I am applying for a loan or other jobs, potential financial representatives or employers may call DCH for a reference check.

For these purposes, I am: (circle one)

- A. authorizing DCH to release any information regarding my employment and departure from employment;
- B. authorizing DCH to limit the information provided to dates of employment, job title, salary, and SSN#;
- C. not providing DCH with authorization to release any information.

I understand that if I checked alternative “C” or I do not complete this form as indicated, you would inform the potential employer of my choice that you have not been authorized by me to release any information.

Employee’s Name

Date

Social Security Number

Beginning date of Employment (DCH): _____

Monthly Salary: \$ _____

