

Applicant Authorization and Release Form

I, _____, wish to be considered for employment with Sonoma State University (SSU). I hereby authorize SSU and its agents to inquire about and verify all statements contained in my employment application and to obtain information concerning my qualifications as a prospective employee. Further, I authorize SSU to contact each of my current and former employers and the references listed herein. I also authorize each of my employers and the references listed herein to give SSU any and all information concerning my previous employment and any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from all liability with respect to furnishing such information to SSU, and waive any claims I may have against them with respect to the release of such information. I also authorize SSU to release such employment information as necessary to those employees and agents of SSU who require such information to investigate or to make a decision with respect to any matter pertaining to my employment.

I acknowledge that I have read this authorization and release, fully understand it and voluntarily agree to its provisions.

Printed Name: _____ Job ID: _____

Signature: _____

Reference #1 (current/most recent employer, required):

Name: _____ Relationship to Applicant: _____

Contact Information: _____

Reference #2 (required):

Name: _____ Relationship to Applicant: _____

Contact Information: _____

Reference #3 (optional):

Name: _____ Relationship to Applicant: _____

Contact Information: _____