



1000 Fourth Street, Suite 420 | San Rafael, CA 94901
Phone: 415.459.2300 | Fax: 415.459.2471

Reference Contacts

References

Please list minimum of three professional references (in which at least 2 are direct supervisors).

Name: _____ Title: _____ Relationship: _____
Current Company: _____ Phone: _____ Email: _____

Name: _____ Title: _____ Relationship: _____
Current Company: _____ Phone: _____ Email: _____

Name: _____ Title: _____ Relationship: _____
Current Company: _____ Phone: _____ Email: _____

Name: _____ Title: _____ Relationship: _____
Current Company: _____ Phone: _____ Email: _____

Name: _____ Title: _____ Relationship: _____
Current Company: _____ Phone: _____ Email: _____

Please Read Carefully and Sign Below

I understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information whether favorable or unfavorable to me.

Signature: _____ **Date:** _____