

Department of Administration

PERMISSION FOR REFERENCE RELEASE

Position Title: _____ Position # _____

I attest that the information documented in my employment application and any other supplemental documentation submitted for employment is true and accurate. I understand that any falsification, misrepresentation, or deliberate omission of relevant information will result in rejection of my application or, if employed, disciplinary action up to and including dismissal.

The North Carolina Department of Administration has my permission to check all references and verify all information regarding my present and previous work history. BY SIGNING BELOW, I certify that I have read and agree with the above statements and authorize the release of this information.

Printed Name of Applicant

Signature of Applicant

Date of Birth

Date

Supervisor: Please submit completed form to HRM with all final interview documentation.