**Reference Checking Consent and Authorisation Form**

Disclosure

Please read the information on this form carefully and completely. I have applied for employment with The St Augustine’s Academy and have provided information about my previous employment.

I authorise The St Augustine’s Academy to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanour, rehire potential, dates of employment, salary, and employment history.

My signature below authorises my former or current employers and references to release information regarding my employment record with their organisations and to provide any additional information that may be necessary for my application for employment to with The St Augustine’s Academy, whether the information is positive or negative.

I knowingly and voluntarily release all former and current employers, references, and The St Augustine’s Academy from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with The St Augustine’s Academy.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

|  |  |
| --- | --- |
| Signature |  |
| Date: |  |
| Print Name: |  |
| Telephone Number: |  |
| Email Address |  |