

AUTHORIZATION TO ACQUIRE INFORMATION FROM REFERENCES

St. Mary's College of Maryland will conduct reference checks for all candidates for the position of: _____

Reference checking will be conducted after the interview portion and before the candidate may be offered employment.

Your signature below indicates your agreement with and acknowledgment of the following:

As an applicant for an employment position with St. Mary's College of Maryland, I authorize my current and past employers and work associates, including, but not limited to, supervisors, colleagues, and subordinates to release to St. Mary's College of Maryland any reference information in my personnel records or file (including but not limited to applications for employment, sick leave records, performance evaluations), academic records (including, but not limited to, transcripts, certificates, credentials, etc.), and information related to my work-related personal characteristics (including, but not limited to, my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, general physical ability, and reputation among co-workers.) I expressly and without reservation waive my right to review the information collected in the reference checks.

St. Mary's College of Maryland will maintain reference information in strictest confidence and solely for the purpose of evaluating my qualifications for the position. Information obtained during reference checks will not be provided to anyone outside the selection process.

A photocopy of this signed authorization is to be considered valid as an original.

IN EXECUTING THIS AUTHORIZATION, I FULLY AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES, ST. MARY'S COLLEGE OF MARYLAND AND ITS EMPLOYEES, AND ALL OTHER PERSONS AND ENTITIES FROM LIABILITY FOR ANY DAMAGE, INCLUDING, TO THE FULL EXTENT ALLOWED BY LAW WHICH MAY RESULT FROM FURNISHING INFORMATION WHICH I AM PERMITTING TO BE RELEASED BY WAY OF THIS AUTHORIZATION.

I HAVE CAREFULLY READ AND UNDERSTAND ALL OF THE PROVISIONS OF THE AUTHORIZATION, AND HAVE VOLUNTARILY AND WITHOUT COERCION OR DURESS AGREED TO AND SIGNED THIS AUTHORIZATION.

Once you've completed and saved this form, please email your document to: hr@smcm.edu

Candidate's full name (Print)

Other last names you have used (if any)

Candidate's signature

Date