

**YWCA OF CENTRAL VIRGINIA
REFERENCE CHECK RELEASE FORM**

In connection with my application for employment, I understand and agree that background inquiries may be requested by YWCA of Central Virginia that will seek information regarding my professional expertise and job performance. I understand that any information released by my prior or current employer will be held in the strictest confidence.

I also understand and agree that YWCA may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, educational background and other past experiences.

I further release and hold harmless YWCA of Central Virginia and any professional references contacted, including, but not limited to those listed on my employment application and those listed below, from any and all liability that may potentially result from the release and/or use of such information.

I acknowledge that a fax or copy of this release shall be as valid as the original

| | |
|--------------------------------|---------------------|
| | |
| (Applicant's signature) | (Print Name) |
| DATE: | |

| | |
|--|--|
| (1) Professional Reference Name | |
| Title | |
| Phone Number <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME | |
| Email Address | |

| | |
|--|--|
| (2) Professional Reference Name | |
| Title | |
| Phone Number <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME | |
| Email Address | |

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|--|--|
| (3) Professional Reference Name | |
| Title | |
| Phone Number <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME | |
| Email Address | |