



APPLICANT AUTHORIZATION FOR REFERENCE CHECK

I voluntarily consent to authorize Temporary Solutions or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that questions may be asked about my educational background, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with Temporary Solutions.

I also hereby release Temporary Solutions from all liability for damages or claims – which may arise or result from any reference information gathered pursuant to this authorization.

Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office of State Human Resources**  
**equal opportunity employer**  
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**(919) 715-2632 Main Number**  
**(919) 715-2627 Fax Number**