



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

P.O. BOX 6369, CHICO, CA 95927-6369; TEL: (530) 712-2600; FAX: (530) 895-1848

REFERENCE CHECK AUTHORIZATION

For Prospective Employee

I hereby authorize former employers or persons / companies listed on my job application to release information they may have about me to Community Action Agency of Butte County, Inc., its representatives and / or employees. I also release all persons or companies / agencies from any liability or responsibility from doing so.

Further, I understand that such contact may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Social Security Number: _____ - _____ - _____

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: ____ / ____ / ____