



FRIENDS, INC.
Reference Check Document

REFERENCE CHECKS

I authorize FRIENDS, Inc. to conduct a reference check with the contact below as part of my application for employment. I further authorize the contact below to provide professional and/or employment information to FRIENDS, Inc.

Applicant Signature

Date

Contact Information (Please provide two supervisors and one colleague)

Contact Name _____

Name of Company _____

Address _____

City, State, Zip Code _____

Email: _____

Telephone Number _____

Contact Relationship to me: _____

Contact Name _____

Name of Company _____

Address _____

City, State, Zip Code _____

Email: _____

Telephone Number _____

Contact Relationship to me: _____

Contact Name _____

Name of Company _____

Address _____

City, State, Zip Code _____

Email: _____

Telephone Number _____

Contact Relationship to me: _____