

# STATE OF ARKANSAS

## EMPLOYMENT REFERENCE CONSENT AND RELEASE

APPLICANT NAME: \_\_\_\_\_SSN: \_\_\_\_\_

I, \_\_\_\_\_ HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW WITH REGARD TO MY EMPLOYMENT WITH THE PRIOR OR CURRENT EMPLOYERS TO: \_\_\_\_\_.

This consent is valid for a period of six (6) months from the date indicated below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions to Current/Former Employer

The individual named above has applied for employment with \_\_\_\_\_. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

### PLEASE RETURN THE INFORMATION TO:

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Date and duration of Employment: \_\_\_\_\_

Current or last rate of pay and wage: \_\_\_\_\_

Current or last job description and duties: \_\_\_\_\_

The details of the applicant's last written performance evaluation prepared prior to the date the Applicant signed this consent: \_\_\_\_\_

Attendance history: (excluding any qualifying leave under FMLA): \_\_\_\_\_

Results of drug and/or alcohol tests administered within the last year: \_\_\_\_\_

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee: \_\_\_\_\_

Was his/her separation from employment voluntary or involuntary? \_\_\_\_\_

What was the reason for the applicant's separation from employment? \_\_\_\_\_

Is the applicant eligible for rehire? \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Representative providing information

\_\_\_\_\_  
Date