



Age in Place Home Care

When Quality and Dependability Matter Most

EMPLOYEE CONSENT FOR REFERENCE CHECK

To Whom It May Concern:

I give, _____ my former
employer, authorization to provide a reference check to my potential employer,
Age in Place Home Care.

I am aware and acknowledge the information referred to above is not shared with
any third parties. By signing below I give the employer consent to collect the
information contained herein and use for the purpose specified.

Signed

Print Name

Address
