

APPLICANT'S AUTHORIZATION & RELEASE FOR REFERENCE CHECK

In order to provide Lincoln Square Post-Acute Care with information and opinions that will be used by Lincoln Square Post-Acute Care in its hiring decisions, I authorize any person, school, current or past employer, organization or entity disclosed in my resume, application or interview to provide any information and opinions regarding me, including without limitation, information concerning my performance, reputation, and character. I acknowledge that the information or opinions may be negative or positive with respect to me, and I may not necessarily agree with the information or opinions.

Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity from any and all legal liability for furnishing such information and opinions and I unconditionally release Lincoln Square Post-Acute Care and any of its affiliates, employees or agents from any and all legal liability, including liability for defamation, in connection with its receipt and use of the reference. I agree not to bring a suit against any person or entity.

A photocopy of this signed Authorization shall have the same force and effect as the original signed by me.

Please provide 3-5 names, title, phone numbers and company name, if applicable, for your references below:

Signature: _____

Printed Name: _____

Date: _____