



## Work Reference Check Release Form

### Acknowledgment:

I, \_\_\_\_\_, hereby authorize the Mohawk Council of Akwesasne (MCA) or any designated officer, employee, or agent, through the Executive Director to contact the references listed below. I understand MCA may ask the references questions about my current and/or previous employment. I expressly authorize my references to answer such questions. I understand that any information provided by my references will be used solely for the purpose of determining suitability for employment within MCA. I release all below named references from any claim of liability and/or damages which may arise because of truthful reference information provided.

1. \_\_\_\_\_  
Company Name                      Reference Name                      Title

\_\_\_\_\_  
Phone Number                      Email

2. \_\_\_\_\_  
Company Name                      Reference Name                      Title

\_\_\_\_\_  
Phone Number                      Email

3. \_\_\_\_\_  
Company Name                      Reference Name                      Title

\_\_\_\_\_  
Phone Number                      Email

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date