St. Clair County Community Mental Health

Employment Reference Consent

I voluntarily consent to allow St. Clair County Community Mental Health or any of its officers, employees or agents to check my references by contacting any person they deem to be appropriate.

The following names are offered as **work related** references:

❶ Name:_____

Company:_____

Address:_____

Telephone:_____ Email:_____

❷ Name:_____

Company:_____

Address:_____

Telephone:_____ Email:_____

❸ Name:_____

Company:_____

Address:_____

Telephone:_____ Email:_____

I understand the questions may be about my educational background, salary history, work behavior and/or any relevant experience.

The above listed references are hereby released from all liability for providing such information.

_____ _____

Signature of Applicant Witness Signature

_____ _____

Date Date

***Please include email address for reference checks. By doing so it can help expedite the reference check process.**

All employment reference checks are conducted in compliance with Michigan Law.

Sup Form: #12-0714
Reviewed Date: 7/1/2024
Admin Procedure Ref: #06-001-0070