

Name of Applicant: _____ Social Security No: _____
(Print or type)

In consideration of Onondaga Cortland Madison BOCES' ("OCM BOCES") evaluation of my suitability for employment, I hereby authorize OCM BOCES to perform all checks of my credentials as allowed by law including, but not limited to, discussions with: supervisors, co-workers, friends, business associates, or other individuals that OCM BOCES, in its sole discretion, believes may have relevant information regarding my suitability for employment. I agree not to assert any claims or causes of action of any kind against OCM BOCES, its agents, its employees, or any individual contracted by OCM BOCES arising out of OCM BOCES' investigation. I further release and forever discharge the OCM BOCES, its agents, its employees, and the individuals and companies contacted by OCM BOCES as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from OCM BOCES' investigation of my credentials. I acknowledge that OCM BOCES has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation. I hereby further authorize that a photocopy of this release may be considered as valid as the original.

I hereby certify that I have read the aforementioned Reference Release and understand the meaning and import of its content.

▲ Applicant's Signature

▲ Date