



1358 7th Street East
Saint Paul, MN 55106
Business Phone: (651) 778-0562
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EMPLOYMENT VERIFICATION AND AUTHORIZATION TO RELEASE OF LIABILITY

Today's Date:

TO: _____

I, _____, hereby authorize Rainbow Home Healthcare, Inc., my current/former Employer, to release employment references to

_____, including my employment history and wages and any information which may be requested relative to my employment, employment applications, and other related matters, and to furnish any copies of any and all records which you may have concerning me regarding or in connection with my employment.

I further release Rainbow Home Healthcare, Inc. from any and all liability of any kind for releasing any employment information resulting from re-disclosure. The foregoing authorization shall expire one year from the date of my signature or until revoked by me in writing at earlier date. A photocopy of this authorization shall have the same force and effect as the original.

Employee Name

DOB:

SSN:

Address

City

State

Zip Code

Employee Signature: