

**" I HEREBY AUTHORIZE (FORMAL NAME OF PROSPECTIVE EMPLOYER - DENTIST OR PROFESSIONAL CORPORATION), OR HIS/HER/ITS AGENT, TO OBTAIN ANY INFORMATION FROM ANY OF MY FORMER EMPLOYERS, INCLUDING MY PERSONNEL RECORDS, RELATED TO MY FORMER EMPLOYMENT WITH ANY SUCH EMPLOYER. I FURTHER HEREBY AUTHORIZE ANY FORMER EMPLOYER TO RELEASE AND DISCLOSE ANY INFORMATION, VERBALLY OR IN WRITING, RELATED TO MY FORMER EMPLOYMENT. I UNDERSTAND THAT THE INFORMATION DISCLOSED IN THIS APPLICATION IS BEING RELIED UPON FOR POTENTIAL EMPLOYMENT PURPOSES AND THAT IF ANY INFORMATION HEREIN IS SUBSEQUENTLY FOUND TO BE FALSE OR INCOMPLETE IN ANY MATERIAL RESPECT, I UNDERSTAND AND AGREE THAT SUCH SHALL CONSTITUTE VALID GROUNDS FOR MY IMMEDIATE TERMINATION. I FURTHER RELEASE AND HOLD HARMLESS ANY FORMER EMPLOYER WHICH PROVIDES INFORMATION PURSUANT TO THIS AUTHORIZATION."**