

APPLICANT: PLEASE COMPLETE ALL FOUR SECTIONS ON THIS SHEET!



APPLICANT'S AUTHORIZATION

I hereby authorize Oneida Healthcare Center to make inquiry of my former employers, educational institutions, and references regarding my suitability for employment. I do unconditionally release Oneida Healthcare Center, my former employers, educational institutions, and references from all liability for any damage whatsoever for issuing such information or utilization of such information.

Date

Signature of Applicant



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