

Niche Associates, Inc.  
Permission to Conduct a Reference Check

By signing this document, I authorize Niche Associates, Inc. to conduct a reference check to seek and verify specific information about my background, capabilities, prior work experience, and prior work performance.

I understand that this authorization will apply not only while I am under consideration for employment. It will continue to apply after I become a Niche Associates employee or contractor.

I understand that a Niche Associates representative might ask former employers and any other references that I provide for information such as, but not limited to, the following:

1. Duration of work (start and end date)
2. Starting and ending salary
3. Starting and ending jobs (verification that I held the jobs & titles I claim to have held)
4. Verification that I managed or worked on the projects I claimed on my resume and in interviews
5. Verification that I performed the duties/specific work that I claimed on my resume and in interviews
6. My knowledge / competence level in the work (both in general and in specific areas)
7. My ability to interact in a positive way with coworkers and with people in my personal life
8. My ability to work well in a group
9. My ability to work under pressure
10. My work ethic / dependability
11. My organizational skills
12. Other strengths and weaknesses
13. If I am eligible for rehire
14. Any additional comments the a reference would like to make about me

By signing below, I grant Niche Associates permission to solicit information. Furthermore, I grant all contacted references permission to divulge the information solicited.

I understand that the information obtained may be used by Niche Associates, in its sole discretion, and without liability, to determine eligibility for initial or continued employment. I am willing that a photocopy of this authorization form be accepted as having the same authority as the original. I specifically waive the need for any written notice from any employer or other contacted reference that may provide information based on this authorization.

Applicant Name: \_\_\_\_\_

Position held or under consideration: \_\_\_\_\_

Current Address: \_\_\_\_\_

Next Previous Address: \_\_\_\_\_

Please provide four professional references. Three must be former direct supervisors or managers and you must provide your current or last direct supervisor or manager. Please do not provide co-workers /peers.

Name, phone number, email address, relationship

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