



Human Resources Management

1000 E. Victoria Street – WH 340 • Carson, CA 90747 • (310) 243-3771 • FAX (310) 217-6947

Applicant Authorization and Release Form

I, _____, wish to be considered for employment with California State University Dominguez Hills (CSUDH). I hereby authorize CSUDH and its agents to inquire about and verify all statements contained in my employment application and to obtain information concerning my qualifications and as a prospective employee. Further, I authorize CSUDH to contact each of my employers and the references listed herein to give CSUDH any and all information concerning my previous employment and any pertinent information they may have regarding my work performance.

I acknowledge that I have read this authorization and release, fully understand it and voluntarily agree to its provisions. I acknowledge that the university has made no representations as to whether employment will be offered at the conclusion of the reference checks.

If different from above, indicate other names used for employment or education purposes:

Name: _____

Name: _____

Name: _____

Applicant's Printed Name

Applicant's Signature

Date

Title of Position Applying for

Job ID#