

CEDAR COUNTY PUBLIC HEALTH
400 Cedar Street
Tipton, Iowa 52772

REFERENCES FOR APPLICANTS

Please provide the name, address, and telephone number of three (3) individuals who are knowledgeable of you in a professional capacity.

(1) _____
(Name) (Position)

(Street Address) (City) (State) (Zip) (Telephone Number)

(2) _____
(Name) (Position)

(Street Address) (City) (State) (Zip) (Telephone Number)

(3) _____
(Name) (Position)

(Street Address) (City) (State) (Zip) (Telephone Number)

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(Read carefully before signing)

I hereby authorize the above named individuals/institutions to furnish the Cedar County Board of Health/Public Health Director/Manager of Cedar County Public Health with information regarding my education and experience, my reasons for leaving employment and all information concerning me whether on record or not. I agree to release and hold harmless the above-named individuals/institutions from liability for any damages whatsoever for issuing such information.

I acknowledge and authorize the usage of copies or faxes of this release when submitted to the above named individuals/institutions.

Signature _____ Printed name _____

Maiden Name _____ Date _____

Witnessed _____ Date _____