

# Authorization Release



**American Traveler**  
Staffing Professional Brands  
**50 States Staffing**  
Travelforce Staffing

Please print clearly in black ink.

**This form should be completed by the applicant.**

I, \_\_\_\_\_, authorize my employers, school, law enforcement agencies and/or persons who may aide American Traveler and affiliates (“American Traveler”) in determining my suitability for employment, to provide reference information to American Traveler. I hereby release all such employees, individuals, and/or organizations contacted from all liabilities for issuing this information to American Traveler. I authorize American Traveler to disclose this information ONLY after receiving my consent on each job opportunity.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**Dear Employer:** The person listed above has applied to American Traveler for employment in the healthcare field and has submitted your name for reference purposes. We would appreciate your reply and assure you that your answers will be held in strict confidence. Thank you for your assistance.

\_\_\_\_\_  
American Traveler Representative