

THE MARINERS' MUSEUM

Reference Check Claim-Waiver Form

To the prospective employee: Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification Of Accuracy Of Statements Made In Employment Application:

I hereby certify that the information provided in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with The Mariners' Museum) is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with The Mariners' Museum, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release of Claims Against Providers of References and/or Other Employment-Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with The Mariners' Museum) I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide The Mariners' Museum with any information requested that may be relevant and useful to The Mariners' Museum in making a hiring decision. **I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted, by law, to release.**

Initials _____

C. Contact With Current Employer:

I Do /DO NOT authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials _____

Date: _____ Signed: _____

Print Name: _____