

The New Phoenix & The Last Frontier Casinos

225 West 4th Street ♦ P.O. Box 1990 ♦ La Center, WA 98629
(360) 263-1290 ♦ (360) 263-3572 Fax

Human Resources Department

Reference Information Release Form

Please leave the Company Name section blank so that we may contact any of the previous employers that you listed on your application. Be sure to sign and date the bottom of this form.

Thank you.

May we contact your present employer? Yes No

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Supervisor Name: _____

I, (please print): _____, request and authorize the release of information from my record(s) to any requests for the same from The New Phoenix/Last Frontier Casinos, which is considering me for employment.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In exchange for The New Phoenix/Last Frontier Casinos' consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides work-related information about me to The New Phoenix/Last Frontier Casinos or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against The New Phoenix/Last Frontier Casinos or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Signed: _____

Date: _____