

## Applicant's Consent to Release Liability and Reference Information

I \_\_\_\_\_ (print name), in consideration of employment with the Hopi Credit Association (HCA), hereby authorize HCA to perform background and reference checks and employment verification based on this application. These verifications may include but are not limited to discussions with supervisors, coworkers, business associates or any other party that HCA may use to obtain information related to the suitability for employment with HCA.

I agree not to assert any demands, damages, claims, suits or causes of action of any kind against HCA, its officers, employees, agents or the organization's officers in performing a good faith effort to check my employment references.

I acknowledge that my failure to authorize HCA to check my references shall disqualify me from consideration of employment. I acknowledge HCA has made no representation that employment will be offered to me upon the completion of these checks and verifications. I understand the position I am applying for may require a satisfactory background check.

I acknowledge that employment with HCA may be conditioned upon satisfactory drug/medical screening.

I acknowledge that if the position requires driving in the course of work, I understand that I will be required to possess a current and valid Arizona Driver's License and provide a copy of my driving record.

I hereby verify, under the penalty of perjury, the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose misrepresentation or falsification, my application will be rejected, and I may be dismissed from employment or disqualified from future employment with HCA.

*A photocopy or facsimile (fax) of this form that shows my signature shall be as valid as the original.*

**I UNDERSTAND THIS APPLICATION IS VALID ONLY FOR POSITION APPLIED FOR**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date