

CEDAR COUNTY PUBLIC HEALTH
400 Cedar Street
Tipton, Iowa 52772

REFERENCES FOR NURSING APPLICANTS

Please submit the name, address, and telephone number of three (3) individuals who know 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/the Director/Deputy Director of Cedar County Public Health with information concerning my education and experience, my reasons for leaving employment, together with any 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 xerox copies of this release to be the same as original when submitted to the above named individuals/institutions.

Dated _____ Signature _____

Witnessed _____
(Maiden Name, if applicable)

