

Flathead Valley Community College

Release Form

By my signature below, I assert that all information given in this application is true, complete and accurate. I understand that any misrepresentation, falsification or omission may be grounds for disqualification as an applicant or immediate dismissal as an employee.

I authorize investigation of all information contained herein. I also authorize employers and/or reference sources to give you any and all information concerning my current and previous employment as well as other pertinent information. I furthermore release all parties from any liability for any and all damages that may result from furnishing such information.

Signature of Applicant

Printed Name of Applicant

Name of Position

Date