



# Department of Finance and Administration Reference Consent and Release Form

R 9/15/22

## DFA HIRING OFFICIAL INSTRUCTIONS

All Department of Finance and Administration (DFA) applicants for whom a hiring official requests prior employer reference checks must complete this form before references are contacted.

## APPLICANT COMPLETE THIS SECTION

Name (Last, First, Middle)

Last four SSN

**I, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW WITH REGARD TO MY EMPLOYMENT WITH THE PRIOR OR CURRENT EMPLOYERS TO:**

Name of DFA Hiring Official

Phone Number

Applicant Signature

Date

## INSTRUCTIONS TO CURRENT OR FORMER EMPLOYER

The individual named above has applied for employment with the DFA

Name of DFA Hiring Office/Division

Please respond candidly to the requests for the information listed below and return your written responses via either email, phone, facsimile, or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

What are the applicant's dates and duration of employment at your organization?

What is the applicant's current or last rate of pay (hourly/annually)?



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What is the applicant's current or last job description and actual duties?

What are the details of the applicant's last written performance evaluation prepared prior to this request?

What was the applicant's attendance history?

What were the results of drug or alcohol tests administered to the applicant within one (1) year prior to this request?

Detail any applicant involvement in threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee.



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If the applicant is no longer employed at your organization was the applicant's separation from employment voluntary or involuntary?

What was the reason for the applicant's separation from employment?

Is the applicant eligible for rehire?

\_\_\_\_\_  
Printed name & signature of representative providing information

\_\_\_\_\_  
Date

### **RETURN COMPLETED FORM TO**

Department of Finance and Administration (DFA)

\_\_\_\_\_  
Hiring Official/Office/Division

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email