

**The Recovery Village at Umatilla, LLC
Professional Reference**

Applicant Name: _____ **SS #** _____

Authorization: I hereby authorize any of my former employers to furnish Advanced Recovery Systems, LLC or any of its subsidiaries with any information they may have concerning me whether on record or not, and do hereby release such employers from all liability for any damages whatsoever for issuing such information.

I understand that under 435.10 F.S., every employer covered by this chapter is required to furnish copies of personnel records for employees or former employees to any other employer requesting this information pursuant to this section. I understand that under Chapter 119 F.S., that the State of Florida has a "public records law" which requires state agencies to maintain a written record of the transactions of public officers (also known as employees). The courts have held that all records that would be public if the State were providing the program services are also public when the contractor provides them. As a result, any private company employed by the State must allow access to its records as "public records".

As required by State law, I understand that if I previously worked for the State of Florida or a provider under contract with the State of Florida, that my personnel records are considered "public records". Any documents related to my hiring, discipline, performance, and separation from employment may be provided to Advanced Recovery Systems, LLC or any of its subsidiaries by my previous employers.

Applicant's Signature: _____ Date: _____

Current or Most Recent Employer:

Previous Employer

Supervisor's Name

Previous Employer Address, City, State, and Zip Code

Previous Employer's Phone #

Email Address

Hire Date: ____/____ (mm/yy) Term Date: ____/____ (mm/yy)

Reason for Separation: _____

Employer 2:

Previous Employer

Supervisor's Name

Previous Employer Address, City, State, and Zip Code

Previous Employer's Phone #

Email Address

Hire Date: ____/____ (mm/yy) Term Date: ____/____ (mm/yy)

Reason for Separation: _____