

Professional References Form

As part of Caregivers That Deliver (CTD) standard pre-screening and background check procedures, we ask that you provide three professional references.

CTD Background Check Disclosure

This form is part of a comprehensive background check required per governmental guidelines. Your reference's contact information will be used only for employment verification purposes and will not be shared or sold. Verification of references is essential part of a larger detailed background screening process. You will be deemed ineligible if we cannot verify the references provided below. If you advance to the next hiring phase, additional verification steps may follow per federal/state regulations.

Professional Reference 1

Name: _____

Title/Position: _____

Phone: _____

Email: _____

Relationship to Applicant: _____

Known For: _____ Years _____ Months

Professional Reference 2

Name: _____

Title/Position: _____

Phone: _____

Email: _____

Relationship to Applicant: _____

Known For: _____ Years _____ Months

Professional Reference 3

Name: _____

Title/Position: _____

Phone: _____

Email: _____

Relationship to Applicant: _____

Known For: _____ Years _____ Months

Applicant Consent & Expiration

I, _____, acknowledge that by submitting this form:

1. I consent to CTD contacting the listed references as part of my job application.
2. I confirm that the references provided are aware of and permit this use of their contact information.
3. I understand that if CTD unable to verify references that my application process is deemed ineligible.
4. I understand this permission expires on _____ **(Date)** or one year from today's date, whichever comes first.

Signature of Applicant: _____

Date Signed: _____