



**Personal/Professional References**

<b>Name/Address</b>	<b>Phone</b>	<b>Best Time to Call</b>	<b>Occupation</b>

**Education**

<b>School</b>	<b>Name</b>	<b>Address</b>	<b>Course of Study</b>	<b>Degree</b>
<b>High School</b>				
<b>College</b>				
<b>Graduate</b>				
<b>Other (Specify)</b>				

**Work History**

*Start with present job or the last job you had. Include any job related, military service assignments and volunteer activities. You may exclude organizations that indicate race, color, gender, national origin, disabilities, or other protected status.*

<b>Employer</b>	<b>Dates Employed</b>	<b>Reason for Leaving</b>
<b>Address</b>	<b>Phone Number</b>	<b>May We Contact</b> Yes ___ No ___
<b>Job Title</b>	<b>Supervisor</b>	
<b>Work Performed</b>		

<b>Employer</b>	<b>Dates Employed</b>	<b>Reason for Leaving</b>
<b>Address</b>	<b>Phone Number</b>	<b>May We Contact</b> Yes ___ No ___
<b>Job Title</b>	<b>Supervisor</b>	
<b>Work Performed</b>		

<b>Employer</b>	<b>Dates Employed</b>	<b>Reason for Leaving</b>

<b>Address</b>	<b>Phone Number</b>	<b>May We Contact</b>
		Yes ___ No ___

<b>Job Title</b>	<b>Supervisor</b>

**Work Performed**

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<b>Employer</b>	<b>Dates Employed</b>	<b>Reason for Leaving</b>

<b>Address</b>	<b>Phone Number</b>	<b>May We Contact</b>
		Yes ___ No ___

<b>Job Title</b>	<b>Supervisor</b>

**Work Performed**

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**Authorization for Release of Records**

In order to determine my suitability for an internship, M.A.D. USA, Inc is conducting a personal background investigation.

I, \_\_\_\_\_, do hereby authorize any law enforcement agency, military organization, doctors, insurance companies, educational institutions, governmental agencies, banks and credit agencies former and present employers, and individuals to furnish M.A.D. USA, Inc. any or all available information regarding me, whether or not it is on their records. I hereby release them from any civil or criminal liability whatsoever for issuing it.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public of South Carolina

My Commission Expires: \_\_\_\_\_

