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## REFERENCE RELEASE FORM

I \_\_\_\_\_ hereby authorize Hospice of Washington County,  
Name of applicant  
Inc., to seek from all my previous and present employers, and authorize all my previous and present employers to release to Hospice of Washington County, Inc., any and all information pertaining to my employment history. I further release, promise to hold harmless and covenant not to sue Hospice of Washington County, Inc., on the basis of its attempts to obtain this information, or any previous or present employer on the basis of its disclosure of this information to Hospice of Washington County, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date