

Authorization To Release Information

I hereby authorize investigation of all statements submitted in my resume' for employment with Randolph College. I certify that all statements are true and understand that if I am employed, misrepresentation or omission of facts noted on my resume shall be considered sufficient cause for termination of employment without notice.

In consideration of my employment, I agree to conform to the rules and regulations of this college. No application, brochure, policy statement, procedure, benefit plan, summary, work rules, employee handbook, or any other written or oral communication between the college and its employees is intended to create an employment contract other than an "at will" employment contract. That "at will" employment contract means that both the college and the employee have the right to terminate the employment relationship, without recourse or liability, at any time with or without just cause and with or without notice.

As a condition of employment, I understand I must furnish the college with employment verification (i.e. drivers license, birth certificate, Social Security Card) as per INS requirements.

I authorize persons, schools, current and previous employers and organizations named on my resume' to provide Randolph College with any information that may be required to arrive at any employment decision.

Signature: _____

Date: _____

Social Security Number _____