

◆Mountain Water Company◆

Release and Authorization

An Equal Opportunity Employer

Date: _____

Name: _____
Last Name First Name Middle Initial

Current Address: _____
Street Address City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Contact Numbers: () _____ () _____ () _____ () _____
Cell Home Business Fax

I hereby authorize *Mountain Water Company* to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Signature

Date