

EMPLOYMENT REFERENCE ORDER/VERIFICATION FORM

ReferenceClinic.com
LDA Enterprises, Ltd.
Weaver Lake Business Center
7512 Shadyview Lane North
Maple Grove, MN 55311

Phone: (612) 210-4834

Email: References@EmploymentClinic.com

Please submit one form for each individual reference you need verified (you only need to put your personal information and charge card information on the first form).

Employment Reference Verification Order Form:

All information you provide is considered completely confidential and will not be released to any third party or organization without your written consent.

Your Personal Information:

Name (Mr. or Ms.): _____

Social Security Number (This is optional information, but many employers will not release personal information without a Social Security number as identification): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Fax number: _____ Email: _____

Employer Contact Information: (The person to contact for a reference)

Please provide us with the following contact information for each reference you wish verified. Fill out only those spaces that are applicable. Copy and add additional requests as necessary.

Name of Contact: _____ Title: _____

Relationship with contact if this is a **previous employer** (i.e. immediate supervisor, Plant Manager, company Vice President, company President, colleague, board member, etc.):

Company name: _____

Company address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone number _____ Email: _____

Corporate Phone number (if contact cannot be reached): _____

Your position title: _____ Dates of employment: _____

Position description: _____

Salary to be confirmed (your ending salary compensation): _____

Reason for your separation: _____

List any special concerns or additional information that may be important as we attempt to verify your reference: _____

Non-employer contact information (if this is a character reference)

Name of Contact: _____ Position: _____

Your relationship to this contact: _____

Home Phone: _____ Business Phone: _____

Agreement Statement:

By your signature below you acknowledge that you have read and agree to the policies and stipulations as published on the Reference Checking Policies and Stipulations webpage and authorize *The Reference Clinic* and its employees or agents to contact the above named employer, its representatives and employees, or other named professional or personal contact to furnish information about you including: dates of employment, wage history, performance, attendance, reason for separation, areas for improvement, and any other statements or comments obtained through our reference checking process. Furthermore, you stipulate that the information herein contained is your own personal information and is, to the best of your knowledge, truthful and accurate. You understand that *The Reference Clinic* cannot give any guarantees regarding exact results or the time frame in which those results can be provided, and that fees paid are not subject to refund once a reference investigation has been initiated. You also agree to indemnify, release, and hold harmless *The Reference Clinic* and its agents or employees from any damages, liability, loss of income or profits, or any other claim based upon information we may provide as a result of our investigation or your utilization of that information. You understand that all information provided by or about you will remain totally confidential, will not be released to any third party, and we will never reveal that you are the source requesting information.

Client Signature: _____ Date: _____

Order Information – please select your service:

- One standard reference investigation - \$104.95
- Two or more standard reference investigations - \$99.95 each
Quantity ordered _____ Total: \$ _____
- One executive reference investigation - \$119.95
- Two or more executive reference investigations - \$114.95 each
Quantity ordered _____ Total: \$ _____
- Reports will be emailed to your provided email address

Optional services and support fees (applies to all reference checking investigations). Fees for other services appear on our ReferenceClinic.com home page and include expert witness testimony and deposition charges.

The following charges are in addition to all fees quoted above. Please check applicable boxes.

- **Reports sent by email and 1st class U.S. mail - Included**
- Faxed reports - \$15.00
- Reports by telephone - not available
- Notarized affidavits - \$15.00 per report
- Canadian reference investigation report - \$15.00 per report
- Telephone depositions - \$250 per hour (1-hour minimum)
- Expert witness testimony or in-person depositions – \$1,850 per day, per person attending (one-day minimum) Plus all applicable expenses
- Email consultations – all career issues \$35.00 per detailed emailed response or \$90.00 for 3 questions
- Telephone discussions – all career issues \$80.00 per ½ hour session or \$150.00 per one-hour session

Total cost of optional services (if any) \$ _____

Total charges including optional services \$ _____

Please check one: Visa ____ MasterCard ____ American Express ____ Check ____

Card number: _____ Expiration date: _____

** Charge card security code _____ (last 3 numbers on the back of your Visa or MasterCard typically on the right hand side of the signature strip) or (the 4 number code on the front of the American Express Card, on the right hand side just above your card number.)

Card holder's Name (exactly as it appears on the card): _____

Billing address of the cardholder: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

You may pay check, Visa/MasterCard, or American Express. If you are paying by check, your check and authorization form (this form) should be signed and mailed to the address below. If paying by credit card, you may also email this form as an email attachment to the attention of Edna Campbell.

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