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**PERMISSION TO VERIFY EMPLOYMENT**

I do hereby give a representative of Eureka Springs Hospital permission to contact any of my past employers, personal references and/or professional references for the purpose of verifying my previous dates of employment and work history, as part of the Eureka Springs Hospital pre-employment screening process.

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Signature of Applicant

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Date

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Printed Full Name of Applicant

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Applicant's Social Security Number