



# CONGREGATION AGUDATH ISRAEL OF WEST ESSEX

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I authorize investigation of all references and statements contained in this application for employment as may be necessary in arriving at an employment decision and give my permission to contact prior employers, persons, schools, companies, corporations and organizations named in this application (and accompanying documents, if any), and law enforcement agencies to release any information concerning my background. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Applicant's Name (printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_