

EMPLOYMENT REFERENCE CONSENT AND RELEASE

APPLICANT NAME: _____ SSN: _____

I, _____, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW REGARDING MY EMPLOYMENT WITH THE PRIOR OR CURRENT EMPLOYERS TO (PROSPECTIVE EMPLOYER).

This consent is valid for a period of six (6) months from the date of my (Applicant's) signature. A copy of this form is just as effective as the original.

Signature of Applicant: _____ Date: _____

Instructions to Current/Former Employer

The individual named above has applied for employment with Littlefield Companies. Please respond candidly to the requests for information listed below and return your written responses via either facsimile, email, or U.S. Mail. This Consent and Release is intended to comply with Ark. Code Ann. § 11-3-204.

PLEASE RETURN THE INFORMATION TO: Angela Holcomb **Director, Human Resources**
3403 Cavanaugh Drive
Fort Smith, AR 72908

Telephone: (479)709-8106 **Facsimile:** (479)646-0596

Email: angelah@littlefieldoil.com

Date and duration of employment: _____

Current or last rate of pay and wage history: _____

Current or last job description and duties: _____

The details of the applicant's last written performance evaluation prepared prior to the date the applicant signed this consent (See date above): _____

Attendance history: (Excluding any qualifying leave under FMLA) _____

Results of drug and/or alcohol tests administered within the last year: _____

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee: _____

Was his/her separation from employment _____ voluntary _____ involuntary?

What was the reason for the applicant's separation from employment? _____

Is the applicant eligible for rehire? _____ Yes _____ No

Prior or Current Employer Providing Information

Printed Name and Title of Employer Representative Providing Information **Date**

Signature **Phone Number**