

## EMPLOYMENT VERIFICATION AUTHORIZATION

I authorize Timberwolf Archery to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that the employment relationship will be “at will” and entirely voluntary in nature. I understand that as a result of this “at will” relationship, that either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will also have the right. No agent, representative, or employee of Timberwolf Archery, except in a specific written contract of employment signed on behalf of the organization, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE:

---

DATE:

---