



Release of Information for The Colorado Employment First Program

I understand that by signing below, I am authorizing any person, agency, or employer to supply information about my employment or program participation in the Employment First Program.

The information can only be used for purposes of verifying my employment information and program participation.

I release the Employment First Program from all liability in sharing this information as it relates to my participation in seeking, obtaining and maintaining employment.

Employment First Participant Signature

Date

Print Name