

Employee Reference Request

TO:

I hereby authorize the release of the information requested

Print Name _____ LAST FIRST MIDDLE	Soc. Sec. Number _____
Address _____ NUMBER STREET CITY STATE ZIP	
Position Applied for _____	
Today's Date _____ Signature _____	

OVERALL EVALUATION (PLEASE COMPLETE THIS SECTION)

PLEASE RATE THE APPLICANT ON THE FOLLOWING	MUCH ABOVE AVERAGE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO EVALUATE
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK REFERENCE (PLEASE COMPLETE THIS SECTION IF MARKED)

Name While Employed _____ Position _____

Employment dates From _____ To _____

Reason for Leaving _____

Would you rehire? Yes No Explanation _____

Comments _____

Signature _____ Title _____ Date _____

EDUCATION REFERENCE (PLEASE COMPLETE THIS SECTION IF MARKED)

Name While in School _____

Attendance dates From _____ To _____

Graduated? Yes No Degree/Certification/Course _____

Please comment on faculty evaluations _____

Signature _____ Title _____ Date _____

PERSONAL REFERENCE (PLEASE COMPLETE THIS SECTION IF MARKED)

How Well do you know the applicant? Slightly Well Very Well

Years known _____ Relationship to applicant _____

Have you had any knowledge of, or association with, the applicant in the last 12 months? Yes No

Signature _____ Date _____