Reference Request

Date: _____ Check method of gathering reference data: ☐ Verbal ☐ Mail

Name of person giving reference: _____

Facility: _____

The individual named below is applying for a position as _____
and has given your name as a reference. As we place a great importance on the thorough screening of all applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance (name of representative): _____

<u>Applicant Release</u>

Last Name, First, Middle: _____

Maiden/Alias (if applicable): _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature: _____ Date: _____

1. Please confirm the applicant's employment dates: From _____ To _____

2. Please comment on the applicant's attributes using the provided scale:

   Quality of Work: ○ 4 = Excellent ○ 3 = Good ○ 2 = Fair ○ 1 = Poor ● N/A = Not applicable

   Knowledge & Skills: ○ 4 = Excellent ○ 3 = Good ○ 2 = Fair ○ 1 = Poor ● N/A = Not applicable

   Reliability & Attendance: ○ 4 = Excellent ○ 3 = Good ○ 2 = Fair ○ 1 = Poor ● N/A = Not applicable

   Cooperation: ○ 4 = Excellent ○ 3 = Good ○ 2 = Fair ○ 1 = Poor ● N/A = Not applicable

   Competence: ○ 4 = Excellent ○ 3 = Good ○ 2 = Fair ○ 1 = Poor ● N/A = Not applicable

   Supervisory Ability & Capaci ○ 4 = Excellent ○ 3 = Good ○ 2 = Fair ○ 1 = Poor ● N/A = Not applicable

   Grooming: ○ 4 = Excellent ○ 3 = Good ○ 2 = Fair ○ 1 = Poor ● N/A = Not applicable

3. Please indicate specialty areas in which the applicant has had experience: _____

4. Please indicate any special considerations necessary when giving assignments to this individual:

   _____

5. Is the applicant eligible for rehire? ☐ Yes ☐ No   If no, why not?:

   _____

Please attach any additional comments.

Signature: [   ]

Position/Title: _____ Date: _____