



Confidential Reference Request

Applicant's Name: _____
Supervisor's Name: _____ Title: _____ Phone: _____
Business: _____
Address: _____ City: _____ State: _____ Zip: _____

I, the above named applicant do hereby authorize you to complete this evaluation form.

Applicant's Signature

Please complete this form relating to the above signed applicant, who is applying for the position of: _____

Actual dates employed: _____

Position or Title held: _____

Reason for leaving: _____

Would you rehire applicant? Yes No

If no, please explain: _____

Please circle:

Quality of work: Very Good Adequate Poor

Productivity: Very Good Adequate Poor

Attendance: Very Good Adequate Poor

Cooperative: Very Good Adequate Poor

Initiative: Very Good Adequate Poor

Other comments: _____

Signed: _____

Title: _____ Date: _____

Please submit your three references with your application.

