## **REFERENCE REQUEST**

| From:   |           | Title:_ |         | Phone:         |                    |  |
|---|-----------|---------|---------|----------------|--------------------|--|
| Please complete form and fax to 858-277-4639. (Information must be kept confidential.)  |           |         |         |                |                    |  |
| RE:   |           |         |         |                |                    |  |
|   |           |         |         |                |                    |  |
| The applicant named above is being considered for employment as   |           |         |         |                |                    |  |
| The applicant claims to have been in your employ as a from to We would appreciate your forthright comments regarding the applicant's work performance. The information you give us will be kept confidential.   |           |         |         |                |                    |  |
| Please complete the following information and return it to us at your earliest convenience.   |           |         |         |                |                    |  |
| <b>AUTHORIZATION TO CHECK REFERENCES</b><br>I authorize former employers, as well as any other individuals whom a prospective employer may contact, to provide any and all<br>information concerning my previous employment and any other pertinent information that they may have. Further, I release all<br>parties and persons from all liability for any damages that may result for furnishing such information as well as from the use or<br>disclosure of such information by the former employer(s) or any of its agents, employees or representatives. |           |         |         |                |                    |  |
| Applicant's signature   |           |         | Date    |                |                    |  |
| PREVIOUS EMPLOYER PLEASE RESPOND BELOW         Dates of Employment: From To Position         Rate of pay at time of termination:       \$ Hour \$ Month   |           |         |         |                |                    |  |
| Rate of pay at time of termination:   \$Hour     Month  |           |         |         |                |                    |  |
| How do you rate your former employee?   |           |         |         |                |                    |  |
| A 1 111   | Excellent | Good    | Fair    | Unsatisfactory | Unable to Evaluate |  |
| Ability   |           |         |         |                |                    |  |
| Attendance  |           |         |         |                |                    |  |
| Cooperation   |           |         |         |                |                    |  |
| Production<br>Desire to learn   |           |         |         |                |                    |  |
| Would you re-hire?  Yes No. Do you have any complaints, criticism, praise or other pertinent comments?  Yes No. If so, please explain   |           |         |         |                |                    |  |
| ADDITIONAL COMMENTS:  |           |         |         |                |                    |  |
| Signature   | gnature   |         | Title _ | D              |                    |  |
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