



Reference Check

Attention: Please fill in company name To; sign giving your permission to ask for your employment history with this company.

To: _____	From: _____
(Company)	(Company)
_____	_____
(Attention)	(Attention)
_____	_____
(Address)	(Address)
_____	_____
(City) (Zip)	(City) (Zip)
_____	_____
(Phone #)	(Phone #)

I _____ hereby give my permission to _____ to verify my past
 (Applicant's name) (Company)
 employment history with your company. Please release all information necessary regarding my past employment history.

 (Applicant's Signature/Date)

 (Applicant's Social Security #)

Applicant Data

1. Was employed by your company? ___ Yes ___ No
2. Employment Dates: _____ to _____
3. Starting Position: _____
4. Starting Salary: _____
5. Ending Position: _____
6. Ending Salary: _____
7. Applicant's Responsibilities: _____

Rate the applicant's performance by using the following scale: 1 lowest - 5 highest rating

Performance/Behavior	Rating	Comments
Attendance		
Attitude		
Cooperation		
Job Skills		
Initiative		
Productivity		
Reliability		
Quality of Work		



Please state the applicant's

Strengths: _____

Weaknesses: _____

Would you rehire the applicant? ___ Yes ___ No

Why did this person leave?

Comments: _____

Completed by: _____ *Date Completed:* _____

For Rim Country Health Use Only

PROFESSIONAL LICENSE:
NUMBER/STATUS: _____
A.S.B.N. CONTACT: _____
VERIFIED BY: _____ DATE: _____
FOOD HANDLERS/DIETARY STAFF: _____
<input type="checkbox"/> Arizona Public Access/Criminal Background Check
Comments: _____
Date: _____