Universal Reference Request

Applicant Release

Applicant: _____

Last **First** **MI** **Maiden**

Social Security: _____

I hereby release from al liability the company or person completing this form, and authorize them to release al information regarding my employment with them. I understand 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 formal liability for any damages from the disclosure of this information.

_____ _____

Applicant Signature **Date**

Employer Use Only

Please confirm the applicant's employment from _____ to _____

Please comment on the applicant's attributes using the following scale:

4=excellent 3=good 2=fair 1=poor N/A=not applicant

Quality of work _____ Knowledge & Skills _____ Grooming _____

Reliable & Attendance _____ Cooperation _____ Competence _____

Supervisory ability & capacity _____

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

_____

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

_____

Is this applicant eligible for rehire? **YES** **NO** If no, why not?

_____

Please attach any additional comments.

_____ _____ _____

Signature **Position/Title** **Date**

Office Use Only

Date: _____ Circle method of Reference: Verbal Mail

Name of person giving reference: _____ Facility: _____

Address: _____ Phone: _____

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

Thank you in advance _____, Universal Health Service Representative