

TO BE COMPLETED BY REFERENCE:

Applicants Name from your records _____

SSN _____

From: _____ To: _____
Dates of Employment

Starting: _____ Ending: _____
Wage Information

Applicant's Job Title(s) _____

YES _____ NO _____
Is Applicant eligible for rehire?

Reason for leaving _____

Please rate the applicant in the following areas:

	Below Expectations	Meets Expectations	Above Expectations
Attendance			
Job Knowledge			
Organizational Skills			
Communication Skills			
Initiative			
Leadership Skills			
Response to Supervision			
Teamwork			
Flexibility			
Judgment			
Innovativeness			

Please explain those areas that you rated below expectations:

Please identify those characteristics that you would consider as strengths of this applicant:

Please identify those areas that you consider the applicant needs to improve:

Signature _____

Title _____

Date _____

Company _____

Phone Number _____

Request for Reference

Date: _____

Dear Reference Contact:

_____ has applied for a position with our organization. Due to the nature of our business, we are required to obtain references that not only verify information given to us by the applicant, but also address the applicant's performance and character. Please take a few moments to answer the following questions on the other side of this form and

mail: Human Resources, 2724 South Carey Street, Marion, IN 46953

fax: 765-664-6747

email: dalford@careyservices.com

The information you provide will be held in strict confidence.

Thank you for providing information. If I may be of assistance to you, please contact our office at (888) 668-8961.

Human Resources Department

Release of Information

I authorize Carey Services and its designated representatives to contact my current and former employers and references in order to investigate all pertinent information regarding my current and past employment and information contained on my application. I further authorize my current and former employers and personal reference to respond to the questions set forth by Carey Services and its designated representatives.

I am aware that Indiana law provides immunity to you and your organizations when you disclose information about me, unless disclosed was known to be false at the time of the disclosure.

In exchange for your cooperation, I hereby agree that I will not bring any suit or action against you or your organization, its officers or agents, for providing any requested information that is not known to be false at the time of providing it to Carey Services.

Printed Name

Date

Signature

SSN (optional)