

CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL

Reference Verification

Applicant Name: _____ Social Security #: _____

Applicant: Please have your current and/or two most recent employers complete the bottom portion of this form. If you are unable to have your employers complete the form, you may use one recent employer and one professional reference. We must receive two references for your application to be complete so you may be considered for employment.

Consent and Authorization to release information:

I hereby consent and authorize you to furnish War Memorial Hospital with any information that you may have concerning me including, but not limited to, my personnel file, evaluations from supervisory personnel and completion of the below evaluation form. I hereby release you and your employees from any and all damages whatsoever incurred by me as a result of furnishing this information.

Signature: _____ Date: _____

EVALUATION (To be completed by your reference)

Reference Name: _____ Reference Phone #: _____

How do you know the applicant: _____

Please check the answer most appropriate in each case:

Quality of Work:	Excellent _____	Good _____	Average _____	Below Average: _____
Quantity of Work:	Excellent _____	Good _____	Average _____	Below Average: _____
Cooperation with Supervision:	Excellent _____	Good _____	Average _____	Below Average: _____
Initiative:	Excellent _____	Good _____	Average _____	Below Average: _____
Dependability:	Excellent _____	Good _____	Average _____	Below Average: _____
Character, Integrity, Honesty:	Excellent _____	Good _____	Average _____	Below Average: _____
Attendance and Tardiness:	Excellent _____	Good _____	Average _____	Below Average: _____

If you had a position available, would you rehire this person? _____

What was the person's reason for leaving your organization? _____

Please indicate any additional information you feel would be valuable in consideration of this person for employment:

Has this person demonstrated any propensity for unsafe, violent or abusive behavior? _____

Signed: _____ Position: _____

Company Name: _____

Verified by HR: _____ Date: _____