



PH: (217) 935-9571 Fax: (217) 937-5244

**CONFIDENTIAL REFERENCE REQUEST**

**Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Former Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

The above named applicant is being considered for employment with Dr. John Warner Hospital and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your very earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope or fax to (217) 937-5244. Thank you for your assistance.

**APPLICANT AUTHORIZATION**

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims including, but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RECORD OF EMPLOYMENT**

**Position Held:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Summary of essential duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_ **Eligible for rehire?** Yes \_\_\_ No \_\_\_

Please rate the following:	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

**Comments:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_