

## RELEASE FOR REFERENCE INFORMATION

*Applicant, please fill out top portion of form ONLY and return two (2) with application.*

PROFESSIONAL REFERENCE (1)

I give my permission for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Reference source, complete address and phone number)

to release any information regarding my work performance during my employment and to reoport information to Tri-County,ARC.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Skill/Trait</i>	<i>Above Average</i>	<i>Average</i>	<i>Poor</i>	<i>Comments</i>
Co-operation with Supervisors				
Co-operation with peers				
Quality of Work				
Job Knowledge				
Attendance/punctuality				

	Yes	No	Explanation
Disiplinary history			
Requested help when necessary			
Would you hire this person again			
Attendance/punctuality			

Additional comments:

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_