

## RELEASE FOR REFERENCE INFORMATION

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

PROFESSIONAL REFERENCE (2)

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 \_\_\_\_\_