

Reference Request Form

Date: _____

To:

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Fax (_____) _____

From:

Melanie Rittenour
Human Resources Director
Paulding County Hospital
1035 W. Wayne Street
Paulding, OH 45879
Phone: 419-399-1127
Fax: 419-399-1177

_____ has applied for employment as a(n) _____

Applicant's name

Position

The applicant's social security # is _____ - _____ - _____. Any information provided will be kept in strict confidence. Thank you for your cooperation.

Reference Information

Period of Employment _____ to _____

Position: _____

Rate of Pay: _____

Reason for Leaving: _____

Eligible for Rehire? _____ If no, why? _____

Please rate each item below.

	Excellent	Good	Fair	Poor
Quality of Work				
Quantity of Work				
Initiative				
Cooperation				
Attendance				

Comments:

Name & Title of person completing this form

This shall authorize the procurement of a consumer report by Paulding County Hospital as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Paulding County Hospital to procure consumer reports at any given time during my employment period.

I hereby authorize you to release the Paulding County Hospital information regarding my work record at your institution and any evaluations received during the dates of employment.

Applicant's Signature _____ Date: _____