

Reference Request Form

Date: _____

To: _____ (name)
 _____ (address)

 _____ (phone)
 _____ (fax)

From: **Kim Wannemacher**
Human Resource Director
Paulding County Hospital
1035 W. Wayne Street
Paulding, OH 45879
(419) 399-1127
(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 time during my employment period.

I hereby authorize you to release to 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: _____