

REFERENCE VERIFICATION

Disability Services of the Southwest

The undersigned has applied for employment with our company and has authorizes you to provide information concerning past performances under the provisions of the privacy act of 1974 or personal reference. We would appreciate your reply to the questions asked. Any additional information you wish to enclose will be confidential. Thank you for your immediate attention to this matter.

Agency Representative Signature

Date

To be completed by applicant:

To: _____

Company/Personal Ref: _____

Address: _____

Phone _____

I hereby authorize the release of information requested on this form.

Applicant's Signature

Date

Applicant's Name _____

Social Security # _____

Name used while employed: _____

Position held: _____

Date Employed: _____ To _____

Reason for Leaving _____

To be completed by previous employer:

Is information above correct? ☐ Yes ☐ No

If not explain: _____

Is the applicant eligible for rehire? ☐ Yes ☐ No

If not explain: _____

Reason for Leaving _____

	Above Average	Average	Below Average
Quality Of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability, Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Traits/Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

Verified by: _____

Date: _____