

PATHWAYS, INC.

APPLICANT REFERENCE FORM

Applicants, please complete only the top half of this form. Employers, please complete the bottom half of this form.

Employer Name: _____

Street Address : _____

City, State, & Zip : _____

Phone Number : _____

Dates of Employment : _____

Attention/Position : _____

AUTHORIZATION: I give my consent for you to release the requested information pertaining to my past employment to Pathways, Inc.

Applicant's Signature _____

Date _____

Applicant's Printed Name _____

Maiden Name/Alias _____

Social Security Number _____

Dear Past Employer:

The following information is requested in reference to the above mentioned individual who has applied to us for employment.

1. Dates of employment, position held and salary: _____

2. Duties / Responsibilities: _____

3. How would you describe the applicant's level of performance? _____

4. Attendance Record: _____ Punctuality: _____

5. Relationship with clients/customers & coworkers: _____

6. (Applicable to human service agencies only.) Is there any known history of physical abuse of clients/consumers by this applicant? _____

7. Reason for leaving: _____

8. Would you consider the applicant for rehire? _____

Comments: _____

Signature/Title _____

Date _____