

# WASHINGTON ODD FELLOWS HOME

## Reference Check

| APPLICANT INFORMATION  |      |               |           |
|--|------|---------------|-----------|
| Last Name  |      | First         | M.I.      |
| Previous Employer  |      |               |           |
| Street Address   |      | City          | State ZIP |
| Type of Business   |      | Position Held |           |
| Dates of Employment  | From | To            |           |
| Supervisor's Name  |      | Telephone     |           |
| I hereby authorize you to discuss any and all information concerning my employment with your company to the Washington Odd Fellows Home. I understand that this is in accordance with all applicable Federal and State laws. |      |               |           |
| Signature  |      | Date          |           |

| CURRENT OR FORMER EMPLOYER   |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| The applicant named above is seeking employment with the Washington Odd Fellows Home and has furnished your company's name as a current or former employer. We would appreciate your help in verifying employment dates and answering our job performance questionnaire. We assure you that any information provided will be held in the strictest confidence. To return this mailing, please return in the envelope provided. Thank you for any assistance you can offer. |                          |                          |                          |                          |
| Please check the most applicable rating for this employee.   |                          |                          |                          |                          |
|  | Excellent                | Good                     | Fair                     | Unsatisfactory           |
| Attendance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Punctuality  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professionalism  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to interact with coworkers and customers   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |     |    |                              |
|---|-----|----|------------------------------|
| Is the information provided by the applicant correct? | yes | no | If incorrect, please explain |
| Reason(s) why this person left your organization      |     |    |                              |
| Would you re-employ this person?                      |     |    |                              |
| Comments  |     |    |                              |
| Name  |     |    | Title                        |
| Company   |     |    |                              |
| Signature   |     |    | Date                         |