

Lighthouse Voc-Ed Center Employment History Reference Check



Section 1: To Be Completed By Applicant								
Applicant Information								
Applicant Name:						Date:		
Position Applied For:								
Organization/Contact Information								
Name of Organization								
Address				City			State	Zip
Name of Contact:					Title			
Phone	()	Fax	()	Email				
Nature of Relationship:	<input type="checkbox"/> Supervisor/Manager <input type="checkbox"/> Co-worker/Peer <input type="checkbox"/> Other (Please Specify):							
I authorize the individual/organization named above to disclose in good faith information regarding my employment record to Lighthouse Voc-Ed Center. I will hold the above named individual/organization free of liability for the exchange of this information and any other reasonable and necessary information pertinent to the employment process.								
_____ Signature				____/____/____ Date				
Section 2: To Be Completed By Individual Providing Reference								
What position did the applicant hold with your organization?								
What were the dates of employment?		Start Date: ____/____/____		End Date: ____/____/____				
Approximately how many times in a 12 months period was the applicant late or absent from work, excluding FMLA time and any approved time such as planned vacation?								
On a Scale from 1 to 10, Rate this Individual on the Following: (1= very poor, 10 = very strong)								
Communication/listening skills: _____				Comments:				
Judgment/decision-making skills: _____				Comments:				
Honesty/integrity: _____				Comments:				

