

Evans Memorial Hospital Verification of Employment / Reference Request

I, _____, authorize individuals, schools, and previous employers to release to Evans Memorial Hospital any information they require to make employment decisions. I release all persons and organizations from liability for any damage for issuing this information.

Applicant Signature

Date of Signature

The person identified below is being considered for employment and has signed a statement authorizing this verification and investigation. We shall appreciate a statement of your opinions and experiences as outlined below. Your reply will be considered confidential.

Name of Applicant

Social Security Number

Dates of Claimed Employment

to

Position Last Held

Final Rate of Pay

Is the above information correct? Yes _____ No _____ If not please make corrections above.

What is your opinion as to this person's

	Excellent	Good	Average	Unacceptable
Conduct				
Attendance				
Work Ethic				
Dependability				
Trust Worthiness				
Time Management				
Ability to accept constructive criticism				

Reason for leaving your company?

Eligible for rehire? Yes _____ No _____ If no, why?

Your further comments on any personal or professional strength and weaknesses will be appreciated.

Date _____ Signed _____ Title _____

Please fax (912-739-5171) or mail your response to:

Human Resources
Evans Memorial Hospital
200 North River Street
Claxton, Ga. 30417
912-739-5170