

Inspiring Children & Families to Move Forward

EMPLOYMENT REFERENCE FORM

You are being considered for a position at HopeSpoke. Someone from this agency will be checking your references. Please fill out the information below and the left side of this form.

Name of applicant:							
Former Employer:		Phone Nu					
Job Title:							
Supervisor:							
Dates of Employment: S	tarting Date:	End Date:					
HopeSpoke Staff compl							
Person Contacted:							
Employer Please Verify:							
Dates of Employment: S							
Job Title:							
Applicant: Please rate yourself in the following areas on a scale from 1 - 5 (5 being the best):			Please rate indicate agreement/disagreement with the applicant's responses:				
Attendance 1 2 3	3 4	5	Attendance Agree	Disagree			
Quality of Work 1 2 3	3 4	_ 5	Quality of Work Agree	Disagree			
Motivation 1 2 3	3 4	_ 5	Motivation Agree	Disagree			
Attitude 1 2 3	3 4	_ 5	Attitude Agree	Disagree			
Competency 1 2 3	3 4	5	Competency Agree	Disagree			
			Is applicant eligible fo Yes	or rehire with you? No			

I authorize HopeSpoke to conduct a reference check regarding my previous employment with the employer listed above and verify the information given on this form. I release HopeSpoke from any liability in verifying my references.

Signature



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