



60 Katona Drive
Suite 18
Fairfield, CT 06824
Tel (203) 256-1804 Fax (203) 259-8523

Reference Request

I hereby release from all liability the company or person named below, and authorize them to release all information regarding my employment with them.

Applicant's Name (*printed*): _____

Applicant's address: _____

Applicant's Signature: _____

YOUR PROMPT RESPONSE REGARDING THIS MATTER IS APPRECIATED!

Name of Individual Providing Employment Reference:

Address: _____

Was the applicant in your employment from _____ to _____ Yes No

Was his/her position (print title) _____ Yes No

Would you re-hire the applicant Yes No...If not, why?

Please circle the appropriate responses:

Quality of Work	Good	Adequate	Poor
Attendance	Good	Adequate	Poor
Productive Output	Good	Adequate	Poor
Cooperation	Good	Adequate	Poor
Initiative	Good	Adequate	Poor

Additional Comments: _____

Signature of Individual Providing Employment Reference: _____

Title: _____

Phone: _____

Date: _____



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Reference Request

I hereby release from all liability the company or person named below, and authorize them to release all information regarding my employment with them.

Applicant's Name (*printed*): _____

Applicant's address: _____

Applicant's Signature: _____

YOUR PROMPT RESPONSE REGARDING THIS MATTER IS APPRECIATED!

Name of Individual Providing Employment Reference:

Address: _____

Was the applicant in your employment from _____ to _____ Yes No

Was his/her position (print title) _____ Yes No

Would you re-hire the applicant Yes No...If not, why?

Please circle the appropriate responses:

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Additional Comments: _____

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Date: _____