

REFERENCE CHECK (1)

| APPLICANT'S INFORMATION | |
|------------------------------|--|
| APPLICANT'S NAME | DATE OF APPLICATION |
| PREVIOUS EMPLOYER | |
| ADDRESS OF FORMER EMPLOYER | |
| TELEPHONE OF FORMER EMPLOYER | REASON I MAY RECEIVE BAD REFERENCE, IF ANY |

I GIVE EPHC MY PERMISSION TO OBTAIN A WORK RELATED REFERENCE FROM THE ABOVE MENTIONED FORMER EMPLOYER AND TO USE MY SOCIAL SECURITY NUMBER IF NEEDED.

SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE

OFFICE USE ONLY

EMPLOYEE INFORMATION (APPLICANT DO NOT WRITE IN THESE SPACES)

| | | | |
|--------------------------------------|----------------------|------------------------------|------------|
| START DATE: ___/___/___ | POSITION AND DUTIES: | | |
| END DATE: ___/___/___ | | | |
| REASON FOR LEAVING OR TERMINATION: | | | |
| WOULD YOU REHIRE? YES ___ NO ___ | | IF ANSWER IS NO. REASON WHY. | |
| QUALITY OF WORK: | GOOD _____ | FAIR _____ | POOR _____ |
| WORKS WELL WITH OTHERS: | GOOD _____ | FAIR _____ | POOR _____ |
| JOB KNOWLEDGE/SKILLS: | GOOD _____ | FAIR _____ | POOR _____ |
| ATTENDANCE/DEPENDABILITY: | GOOD _____ | FAIR _____ | POOR _____ |
| COMMENTS: | | | |
| HOW VERIFIED: _PHONE _MAIL _FAX | | TITLE | DATE |
| INFORMATION PROVIDED BY: | | | |
| NAME OF REP. COLLECTING INFORMATION: | | TITLE | DATE |

REFERENCE CHECK (2)

| | |
|-------------------------------------|---|
| APPLICANT'S INFORMATION | |
| APPLICANT'S NAME | DATE OF APPLICATION |
| PREVIOUS EMPLOYER | |
| ADDRESS OF FORMER EMPLOYER | |
| TELEPHONE OF FORMER EMPLOYER | REASON I MAY RECEIVE BAD REFERENCE, IF ANY |

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| START DATE: ___/___/___ | POSITION AND DUTIES: | | |
| END DATE: ___/___/___ | | | |
| REASON FOR LEAVING OR TERMINATION: | | | |
| WOULD YOU REHIRE? YES ___ NO ___ | | IF ANSWER IS NO. REASON WHY. | |
| QUALITY OF WORK: | GOOD _____ | FAIR _____ | POOR _____ |
| WORKS WELL WITH OTHERS: | GOOD _____ | FAIR _____ | POOR _____ |
| JOB KNOWLEDGE/SKILLS: | GOOD _____ | FAIR _____ | POOR _____ |
| ATTENDANCE/DEPENDABILITY: | GOOD _____ | FAIR _____ | POOR _____ |
| COMMENTS: | | | |
| HOW VERIFIED: _PHONE _MAIL _FAX | | TITLE | DATE |
| INFORMATION PROVIDED BY: | | | |
| NAME OF REP. COLLECTING INFORMATION: | | TITLE | DATE |