



Reference Form

Applicant's Information

Complete the highlighted section and email to the location where you are interested in working. Click [here](#) for a list of Unified's locations with contact information and email addresses.

Applicant's Full Name:		
Name of Employer:		
Address of Employer:		
Supervisor's Name:	Phone:	Fax:

I hereby authorize you to release employment information to Unified Community Connections, Inc. I understand this information will be used to determine my qualification for the position I have applied. I understand this information will be used for hiring purposes only and shall be kept confidential. I release from liability all individuals and organizations who provide information to Unified Community Connections, Inc. in good faith and without malice concerning my qualifications.

Signature of Applicant: _____ Date: _____

To Be Completed By Employer

Employer's Information

References are helpful to us in determining an applicant's suitability for the job for which they have applied. We appreciate the time you take in completing the information requested below.

Please rate the employee on the following characteristics:

	GOOD	FAIR	POOR
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE TOWARD JOB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMITMENT TO JOB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Position Held: _____ Eligible for Rehire: Yes No

Dates of Employment: Employment Began: _____ Employment Ended: _____

Current Status: Still Employed Resigned Terminated

Are there any allegations or concerns about physical or verbal abuse? Yes No

Would you recommend this individual for employment? Yes No

Comments: _____

Name of Person Completing Reference: _____

Job Title: _____

Signature of Person Completing Reference: _____