

Applicant, with your permission, we would like to send this form to your two most recent employers. Please complete the top portion with the information regarding your last two jobs. Leaving the bottom section blank, return the forms with your application to our administrative office. We will mail them with return envelopes to the addresses you provide.

Past Employer: Street Address: City, State, Zip: I hereby authorize the information requested below to be r	Positior Supervi	n Held: sor:				
City, State, Zip:	Supervi	sor:				
I hereby authorize the information requested below to be i	released t		Supervisor:			
		to Apostoli	c Christian	LifePoints.		
Applicant's Signature:	Date:					
Employer , you have been given as a reference by the above to the screening of our applicants and would sincerely apprecomplete this form and return it to Tina Leman, HR Manager information will be held in strict confidence. Thank you!	ciate you	assistance	in this ma	tter. Please		
Please comment on applicant's: Excellent	Good	Fair	Poor			
Reliability & Attendance						
Cooperation						
Supervisory Ability & Capacity						
Competency						
Overall Appearance						
Are dates of employment accurate?						
Is the applicant eligible for rehire?						
If no, why not?						
Any history of abuse of others? YES NO						
Any felony conviction? 🔲 YES 🔲 NO						
Any additional comments:						
Signature Po	Position			Date		