

St. Lawrence NYSARC.
 6 Commerce Lane, Canton , New York 13617
 Please submit this form to ly gpv| gn@slnysarc.org

I authorize the release of information on my character and job performance to St. Lawrence NYSARC.

_____/_____/_____
 Date

 Signature of Applicant

Name: _____ Last Four digits of S.S. No. _____

has applied for employment with us and has stated that you were a previous employer or are someone who could attest to his(her) character. Will you please complete the following form and return it to us at your earliest convenience? Thank You.

Work Reference _____ Personal Reference _____

() Work
 Dates of Employment: _____/_____/_____ Date of Termination: _____/_____/_____

Position Held _____

Reason for Leaving: _____

Would you Rehire? ____ Yes ____ No

Please rate the applicant on the following:	Excellent	Good	Adequate	Unsatisfactory	Unable to Evaluate
Quality of work performed					
Relationship with others					
Honesty					
Attendance					
Ability to take instruction					
Effective use of time					
Cooperation					
Overall rating					

() Personal
 How well do you know the applicant? ____ Slightly ____ Well ____ Very well
 What is your relationship with the applicant? _____
 How long have you known the applicant? _____

Please rate the applicant on the following:	Excellent	Good	Adequate	Unsatisfactory	Unable to Evaluate
Appearance					
Dependability					
Honesty					
Maturity					
Judgment					

Comments:

Signature _____ Title _____