

PERSONAL REFERENCE FOR HIRING NEW EMPLOYEES

Authorization for Release of Information for Employment Verification

I. Applicant, please fill out this block section only:

NAME OF APPLICANT: _____

NAME OF PERSONAL REFERENCE: _____

PHONE NUMBER/CONTACT INFO: _____

RELATIONSHIP TO REFERENCE: _____

(A personal reference may **not** be an immediate family member).

By checking this box I hereby authorize you to release information concerning my characteristics and attributes to SA, Inc. so that they may determine my eligibility for employment. I release both you and SA, Inc. from any claims, liabilities and damage of any nature arising from such investigation.

Authorizing Signature: _____

This Authorization shall be good until: _____ (90 days maximum).

II. THIS SECTION TO BE COMPLETED BY SA, INC. STAFF ONLY:

How long have you known the applicant? _____

What is your relationship to the applicant? _____

How do you feel this person would work in a position directly supporting adults with developmental disabilities or children and their families? _____

What characteristics and talents do you see as this person's strengths? _____

In what areas do you think this person could improve? _____

Please rate this person to the best of your knowledge on the following:

	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Communication style/ability			
Maturity (exhibit mature behavior)			
Dependability			
Follow through (completes what they say they will) and Reliability			
Initiative / Motivation (ability to make independent decisions)			
Judgment (How would respond in an emergency or crisis)			

Is there anything further that you can tell us about this person that would help us in making our decision?

COMPLETED BY: _____ TITLE _____ DATE _____

{Type here}

PROFESSIONAL REFERENCE FOR HIRING NEW EMPLOYEES

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I. APPLICANT, PLEASE COMPLETE THIS BLOCK SECTION:

NAME OF APPLICANT: _____

NAME OF BUSINESS: _____

PERSON TO CONTACT: _____ TITLE: _____

PHONE NUMBER: _____

ADDRESS: _____

INFORMATION PROVIDED BY APPLICANT:	VERIFIED BY SA:	COMMENTS:
TITLE		
DATES OF EMPLOYMENT		
REASON FOR LEAVING		
ELIGIBLE FOR REHIRE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

By checking this box/signing below, I hereby authorize the above to release information regarding my job performance, separation from employment, and other information needed to verify the accuracy of the information provided by me on my employment application. Furthermore, I release the above listed reference(s), and SA, Inc., from any claims, liabilities and damages of any nature arising from such investigation of the supplying of information for such investigation.

Authorizing Signature: _____

This Authorization shall be good until _____ (90 days maximum from date signed).

II. THIS SECTION IS TO BE COMPLETED BY SA, INC. STAFF ONLY

DID THE INDIVIDUAL EXHIBIT MATURE BEHAVIOR AND THE ABILITY TO MAKE INDEPENDENT JUDGEMENTS?
 (WAC 38-820-050 Personnel 3b) Yes No

	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
QUALITY OF WORK			
KNOWLEDGE			
DEPENDABILITY			
ATTENDANCE / PUNCTUALITY			
MOTIVATION			
COMMUNICATION SKILLS			
PROFESSIONALISM			
ABILITY TO ACCEPT FEEDBACK			
WORKING WITHIN A TEAM SETTING			
AREAS OF IMPROVEMENT			

Is there anything else of significance that we should know about, or that will assist us in making our decision?

COMPLETED BY: _____ TITLE _____ DATE _____

[Type here]

PROFESSIONAL REFERENCE FOR HIRING NEW EMPLOYEES

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III. APPLICANT, PLEASE COMPLETE THIS BLOCK SECTION:

NAME OF APPLICANT: _____

NAME OF BUSINESS: _____

PERSON TO CONTACT: _____ TITLE: _____

PHONE NUMBER: _____

ADDRESS: _____

INFORMATION PROVIDED BY APPLICANT:	VERIFIED BY SA:	COMMENTS:
TITLE		
DATES OF EMPLOYMENT		
REASON FOR LEAVING		
ELIGIBLE FOR REHIRE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

By checking this box/signing below, I hereby authorize the above to release information regarding my job performance, separation from employment, and other information needed to verify the accuracy of the information provided by me on my employment application. Furthermore, I release the above listed reference(s), and SA, Inc., from any claims, liabilities and damages of any nature arising from such investigation of the supplying of information for such investigation.

Authorizing Signature: _____

This Authorization shall be good until _____ (90 days maximum from date signed).

IV. THIS SECTION IS TO BE COMPLETED BY SA, INC. STAFF ONLY

DID THE INDIVIDUAL EXHIBIT MATURE BEHAVIOR AND THE ABILITY TO MAKE INDEPENDENT JUDGEMENTS?
 (WAC 38-820-050 Personnel 3b) Yes No

	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
QUALITY OF WORK			
KNOWLEDGE			
DEPENDABILITY			
ATTENDANCE / PUNCTUALITY			
MOTIVATION			
COMMUNICATION SKILLS			
PROFESSIONALISM			
ABILITY TO ACCEPT FEEDBACK			
WORKING WITHIN A TEAM SETTING			
AREAS OF IMPROVEMENT			

Is there anything else of significance that we should know about, or that will assist us in making our decision?

COMPLETED BY: _____ TITLE _____ DATE _____

[Type here]