



EMPLOYMENT REFERENCE



_____ has indicated previous employment with you from _____ to _____ as a _____.

We ask that you please complete and return this form at your earliest convenience to the address or fax listed above. Your assistance in completing this employment reference is greatly appreciated and will be kept in strict confidence. Please see the release below that the applicant has signed consenting to our making this inquiry. Thank you for your assistance.

Sincerely,
Katelyn Dufrane
Human Resources Specialist
Kdufrane@cviarc.org

Advocacy and Resource Center
231 New York Road
Plattsburgh NY 12903
Tel.: (518)563-0930, Fax: (518)562-0085
humanresources@cviarc.org

Name of your company _____
Employed as _____ from _____ to _____
(Title) (Month/Year) (Month/Year)

Full Time Part Time Relief Per Diem

Reason for leaving _____

Is the applicant eligible for rehire? ____ Yes ____ No

Additional Comments _____

Employer to Complete

Please check below the rating which most accurately described the applicant's work characteristics

| Performance | Area of Strength | Satisfactory | Problem Area | Remarks |
|------------------------|------------------|--------------|--------------|---------|
| Quality of Work | | | | |
| Team Player | | | | |
| Attention to Detail | | | | |
| Attendance/Punctuality | | | | |
| Honesty | | | | |
| Dependability | | | | |

Do you know of any reason why this person should not work around children and/or individuals with developmental disabilities? Yes No Please explain: _____.

Signature of Person Completing Form Title Date

Release of Information

I give the Advocacy & Resource Center of Clinton County the right to contact and obtain information from all references, employers, education institutions and to otherwise verify the accuracy of the information contained in the application at any time during the application process. By this form, I hereby authorize and direct employers, schools or persons named to give any information regarding my character, employment or education and hereby release said employers, schools or persons as well as Advocacy & Resource Center of Clinton County from all liability for any damages whatsoever in providing this information.

Applicant to Complete

(Signature of Applicant) (Date)



Fax Form

To:

Phone:

Fax Phone:

From:

Advocacy & Resource Center

Attn: Human Resources

Phone: 518-563-0930

Fax Phone: 518-562-0085

Remarks:

Urgent

Reply ASAP

Please Comment

This communication is intended only for the use of the addressee and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error please notify us immediately by telephone.
