

## EMPLOYER REFERENCE REQUEST

NAME of person giving reference \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

To assist me in securing enrollment with my employment, I hereby authorize you to supply *Life's Touch* with the information requested below. I hereby waive any claim against you regarding information released.

Applicant Signature \_\_\_\_\_



**Applicant STOP Here**



Date of Employment: From \_\_\_\_\_

To \_\_\_\_\_

|                      | Excellent                | Good                     | Fair                     | Poor                     |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attitude             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
Signature and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Completing Form  
if not same as above

Verbal: \_\_\_\_ Yes \_\_\_\_ No