Copper Country Mental Health Services

REFERENCE REQUEST

I have applied to Copper Country Mental Health Services for employment, and I desire that they be fully advised of my record with former employers. I therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Applicant Name	Social Se	curity Number	Signature of applicant (signed in ink)				
*NOTE: Applicant please	complete ad	ldress on oppos	site side				
Dear (Supervisor name):_	(Company):Number of Supervisor):						
We would appreciate your be assured that all informa prejudice or liability on you	ation will be	• .		_			-
Position Held:			From:		To:		
Nature of Applicant's Wor	k:						
Did Applicant's position er If yes, was		eeping?\ pleteAc		No _Neat			
Did Applicant have custod	ly of	Money	_Merchandis	seV	/aluable	s	
Were all properly account	ed for:	YesNo	lf no, please	explain:_			
Was Applicant absent/tarc	dy:Ne	ever/Rarely	Occasiona	ally	_Freque	ently	
Reason for termination: _	Laid off _	Resigned _	Discharg	ed	Other, E	xplain_	
Would you re-employ?	Yes	No If no, ple	ase explain:				
Excellent G	ood Fair	Poor		Excellent	Good	Fair	Poor
Work Quality Cooperation Dependability		Drivii Attitu Com	onal Habits ng Skills ude toward pany				
Comments/Remarks							
			Signature: Title:				

Thank you for your assistance. The Human Resources Department of Copper Country Mental Health