## 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 Security Number	Signature of applica	ant (to be signed in ink)
* NOTE: Applicant please comple	ete address on opposite si	de	
Dear (Supervisor name):	Phone Num	(Company):	
We would appreciate your replies assured that all information will be or liability on your part.	to the following questions	and returning the card	
Position Held:		From:	To:
Nature of Applicant's Work:	4.0000		
Did Applicant's position entail reco	ordkeeping?Yes	No	
If Yes, was itComple	teAccurate _	Neat	
Did applicant have custody of	MoneyMercha	ndiseValuable	s
Were all properly accounted for?	YesNo	f not, please explain _	
Was applicant absent?Nev	er or RarelyOccasion	onallyRepeated	dly
Reason for terminationLaid	off Resigned [	DischargedOther	, explain
Would you re-employ?Yes	No If not, please e	xplain	
Excellent Good	Fair Poor	Excellent	Good Fair Poor
Honesty	Pers	sonal Habits	
Work Quality	Driv	ing Skills	
Cooperation		ude Toward	
Dependability	Con	npany	
Safety Habits			
Comments/Remarks:			
	Signature	:	
	Title		

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

REFOLD, TAPE AND RETURN TO CCMHS.

CCMHS FORM: PERSON\REFERREQ.PM4/7/98

Copper Country Mental Health Services 901 W. Memorial Road Houghton, MI 49931

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COPPER COUNTRY MENTAL HEALTH SERVICES 901 W MEMORIAL RD HOUGHTON MI 49931