

To:			<u>ENCE RE</u>	<u>QUEST</u> Date:	
I, release from all liability the all information regarding my	company and/o	have applied to This Agency for employment. I hereby or person completing this form, and authorize them to release with them.			
Employed from:	to		Po	sition held:	
Applicant's Signature:			Social Security #:		
**	******	******	******	****	
information you supply is co	onfidential. Any	statements ye	ou wish to n	each applicant for employment. All nake that would help us determine a r "Comments." We appreciate your	
Authorized Signature: Title:				tle:	
Is the above information corr	rect? 🗆 Yes 🗆]	No If no, e	xplain:		
Please rate the applicant usin $A = Above average B =$			atisfactory	U = Unable to evaluate	
	A E	8 C	U	Comments	
Attendance/Dependability Quality of Work Cooperation/Attitude Common Sense Technical Ability Follows Directions (Verbal and Written) Effective use of time Personal Habits Would you rehire?	If not, wl	hy?			
	, ··-				
Comments:					
Signature and Title		Com	pany	Date	