



**St. Joseph Convent**  
 526 Mill Street  
 Campbellsport, WI 53010  
 HR Phone: (920) 533-1135  
 HR Fax: (920) 533-1149

**EMPLOYMENT VERIFICATION, AUTHORIZATION, AND RELEASE STATEMENT**

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions can lead to immediate dismissal, and I agree that the company shall not be held liable in any respect if my employment is terminated for that reason. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history and/or credit and financial records, employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act. I understand that, within a reasonable period, I may make a written request for detailed information concerning such investigation. I authorize the companies, schools, and persons named below to give any information requested regarding my employment, character, and qualifications, and release and hold harmless (employer) and the companies, schools, and persons from any liability. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause. I further understand that any offer of employment may be conditioned upon the results of a physical examination.

Today's Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Name then, if different: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Company Address: \_\_\_\_\_  
 Company City, State, Zip: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_  
 Company Fax Number: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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**Dear Employer:**

The individual named above has applied for a position with us and indicates employment with you during the period shown. Your cooperation in supplying the information requested below will be greatly appreciated. After completing the form it can be returned to the fax number above. All details will be kept in confidence and will be used only to determine suitability for employment. Thank you,

Please evaluate the employee's performance by completing this table.

Position Title: \_\_\_\_\_  
 Employment Dates: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Would you rehire?  Yes  No If no, why not?  
 \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_

	Excellent	Good	Fair	Poor
Productivity				
Quality of Work				
Job Knowledge				
Versatility				
Dependability				
Initiative				
Attitude				
Judgment				
			Yes	No
Attendance/Punctuality Issues?				