



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

PROFESSIONAL REFERENCE, 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: _____

Position Applied For: _____ Reference Name: _____

Reference Job Title: _____ Professional Relationship: _____

Dates of Acquaintance: _____ Reference Organization: _____

Reference Phone Number: _____ Reference Fax Number: _____

Reference Address: _____

Reference City, State, Zip: _____ Applicant's Signature: _____

To Whom It May Concern:

The individual named above has applied for a position with us and indicates your name as a reference source. Your cooperation in supplying the information requested below will be greatly appreciated. After completing this form, it can be returned to the mailing address or the fax number above. All details will be kept in confidence and will be used only to determine suitability for employment. Thank you,

Describe your professional relationship: _____

Dates of Acquaintance: _____ to _____

Would you recommend for hire? Yes No

If no, why not? _____

Comments _____

Signature: _____

Date: _____

Please evaluate the applicant by completing this table.

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