

TO: _____ DATE: _____

NAME: _____ SOCIAL SECURITY#: _____

The above individual has applied for employment at CLARENDON MEMORIAL HOSPITAL and has given your name as a former employer or personal reference. We would appreciate very much any information you may be able to provide to help us in determining the applicant's qualifications as _____ in our _____ department.

SIGNATURE

TITLE
Clarendon
Memorial Hospital

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579,

I authorize investigation of all matters contained in this form, including authority to request any educational transcript*, and agree that if, in the judgement of the Hospital, any misrepresentative has been made by me on my Application for Employment or in a subsequently executed Medical Questionnaire, or the results of such investigation are not satisfactory, any offer of employment made by the Hospital may be withdrawn, or my employment may be terminated immediately, without any obligation or liability to me other than for payment at the rate agreed upon for services actually rendered.

Signature of Applicant _____ Date: _____

*If any records are under any name other than shown, please indicate: _____

Date of Employment: From: _____ to _____

Last Position Held: _____ Reason for Leaving: _____

Eligible for Re-Employment: _____ If No, please explain: _____

Work Evaluations: Ability _____ Attendance & Punctuality: _____

Honesty _____ Reliability _____ Cooperation _____

Quantity of Work _____ Quality of Work _____

Comments: _____

How is applicant known by you (Instructor, Friend, Neighbor, etc.?) _____

How long known by you? _____ Do you believe applicant to be honest? _____

Personality & ability to get along with people: _____

Outstanding Strong Traits: _____

List any personal characteristics or achievements: _____

Do you know of any reason we should not employ? _____

Comments: _____

Signature: _____ Title: _____ Date: _____