

REQUEST FOR VERIFICATION OF PREVIOUS EMPLOYMENT

Cary Medical Center's Human Resources Department prefers to have two references completed prior to granting an interview.

This form must be received from reference source only.

APPLICANTS: PLEASE COMPLETE THE TOP PORTION ONLY.

Position applying for: _____

Applicant Name: _____
Last First Middle

If you have ever worked under a different name(s), please specify: _____

Former Employer and / or Company Name: _____

Supervisor's Name: _____ Supervisor's Phone: (_____) _____

Dates of Employment: _____
From: (month & year) To: (month & year)

I am applying for employment at Cary Medical Center and authorize you to release any and all information requested. Furthermore, I release all former employers of liability for furnishing the information and I also waive my right to review this reference.

Signature of applicant

Date

THE QUESTIONS BELOW ARE TO BE COMPLETED BY A FORMER EMPLOYER.

REFERENCES: Please complete the portion below & forward to Cary's Human Resources.

Is the above information correct?: Yes No If no, please explain: _____

Is the individual eligible for rehire?: Yes No If no, why? _____

What was the applicant's reason for leaving your employ? _____

Please list two of the candidate's top strengths: _____

Please list two areas of development of the candidate: _____

Additional comments: _____

Please mark the appropriate box for these characteristics.	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Communication Skills				
Overall quality of work				
Knowledge and Skills				
Motivation / Initiative				
Attendance				
Cooperation & Attitude				
Acceptance of Supervision				
Supervisor Responsibilities				

 Print Name

 Signature

 Date

 Title

 Email

Please send form to: HUMAN RESOURCES
 163 Van Buren Rd
 Caribou, ME 04736
 Email form to: jcorrigan@carymed.org

PHONE: (207)498-1270
 TTY: (207)498-2024
 FAX: (207)498-1366

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