

## Reference Check & Release

Ţ	То:	From: Children's Network of Hillsborough, LLC
	(Company Name/Address)	_
		9393 N. Florida Ave., Tampa, FL 33612
		HR@CNSWFL.org / (239) 226-0227
	(Email Address ~or~ Fax Number)	(Email Address / Fax Number)
A	Attn:(Supervisor's Name)	(Human Resources)
	(supervisor s name)	(Hornair Resources)
eç eç	egarding his/her job performance.	has applied for employment with the Children's Network of following information supplied to us and answer questions. Note below this applicant's authorization/release for you to mis information. Please return this form to the address or faxone and your help.
(	I authorize investigation of all statement verification and reference request. F Children's Network of Hillsborough	AUTHORIZATION/RELEASE Ints contained on my application, resume or on this employment further, I authorize the references and employers to give the ILC any and all information concerning my previous any from all liability for damage that may result from use of
5	Signature of Applicant	(Date)
)	· · ·	s of employment for time worked at your company from: If not, please provide correct dates: to
2)	) What was his/her position?	
3)	) Is the applicant eligible for re-hire?	
1)	) How would you rate the quality/quantity of his/her work? (Scale of 1-10)	
5)	How would you rate his/her communication and interpersonal skills? (Scale of 1-10)	
5)	How was his/her attendance and punctuality?	
7)	Why did he/she leave your company?	
3)	What else should we know about the applicant that would be helpful?	
	(Signature and Title of Person Com	npleting Form) (Date)

