

### PROFESSIONAL REFERENCE

As a previous or current employer, please consider this your authorization to release the following information regarding my employment with your agency.

\_\_\_\_\_   
 Print Applicant's Name

\_\_\_\_\_   
 Social Security Number

\_\_\_\_\_   
 Signature of Applicant

\_\_\_\_\_   
 Date

To be sent to the following employer: (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_  
\*\*\*\*\*

Nature of Business: \_\_\_\_\_

How long was the applicant employed by your organization? \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Would you re-employ? If no, why? \_\_\_\_\_  
\_\_\_\_\_

PLEASE RATE THE APPLICANT ON THE FOLLOWING AREAS:

Characteristic	Poor	Below Average	Average	Very Good	Excellent	Comments
Quality of Work						
Quantity of Work						
Personality						
Attendance						
Dependability						
Cooperation						

Completed by: (Name and Title) \_\_\_\_\_ Date: \_\_\_\_\_

Please return ASAP to: Seneca County Department of Job and Family Services  
900 E. CR 20  
Tiffin, OH 44883  
Attn: Human Resource Officer