



## REFERENCE RELEASE

I, \_\_\_\_\_, am applying for a position with the Western Massachusetts Training Consortium and I give them the right to investigate all references and to secure additional information about me if job related. I hereby release from Liability the Consortium and its representatives for seeking such information and all other people, corporations, or organizations for furnishing such information. I would really appreciate it if you could assist.

Applicant signature Click or tap here to enter text

Today's Date Click or tap to enter a date.

PREVIOUS EMPLOYER: ☐ NO ☐ YES

EMPLOYER NAME: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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Please do not fill out- for Human Resources use only

### REASON FOR TERMINATION OF EMPLOYMENT:

N/A: Employee still active

☐ Layoff ☐ Disciplinary Termination ☐ Resignation ☐ Retired ☐ End of Contract

☐ Other: please explain

### Please rate the following:

	EXCELLENT	GOOD	FAIR	POOR
Dependability/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strives for excellence in performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to take initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity/Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you re-hire this individual? ☐ YES ☐ NO

Please share any areas of concern, or comments relevant to this applicant: \_\_\_\_\_

Thank you for your cooperation.