

**Thompson House
Confidential Reference Request Form**

The person whose signature appears below has applied for employment as _____ at Thompson House, and has voluntarily submitted your name for reference purposes.

Applicant's Authorization

This form authorizes my present/former employer(s) to release to the above named organization all information in their possession regarding any aspect of my employment with them, and hereby releases the addressed individual, company, or institution and all associated individuals from all liability from any damage incurred in releasing such information.

Applicant's Signature Date

Applicant's Name Social Security Number

Other Name(s) Employed Under: _____

Position Held: _____ Employment Dates: _____ to _____

Reason for Leaving: _____

Eligible for Rehire? Yes _____ No _____

	Excellent	Good	Fair	Unacceptable
Punctuality				
Dependability				
Job Knowledge				
Quality of Work				
Compliance with Policies & Procedures				
Interpersonal Relations				
Initiative				
Supervisory Skills				

(If your policy states that certain information cannot be released, please indicate this here)

Additional comments: _____

Completed by: _____ Title: _____

Institution/Company: _____ Date: _____

Please return to: Business Office Manager, Thompson House, P.O. Box 1117, Brattleboro, VT, 05301