

## REFERENCE VERIFICATION

APPLICANT:				
SOC SEC NO:				
PREVIOUS EMPLOYER:				
DOSITION HELD:				
ADDRESS:				
SUPERVISOR:				
SUPERVISOR'S PHONE NO:				
DATES EMPLOYED:				
REASON FOR LEAVING:				
I hereby authorize the above named of to my (past) employment, including, but Applicant's Signature			requested belo	
ADMINISTRATIVE USE BELOW ONLY.				
EVALUATION				
Job Knowledge Attitude Dependability Punctuality Personal Appearance	Excellent	Good 	Fair 	Poor
Are Dates Correct? Is Position Correct?				
Eligible for Rehire? If No, Why Not?				
Reference Given By: Title:				
DSS Employee Taking Evaluation:		Da	ate:	