

Applicant: Please complete only check-marked areas (✓)

REFERENCE FORM

Company: _____ Attention: _____

Address: _____

✓ Name of Applicant: _____ ✓ SSN: _____ - _____ - _____

✓ Position Applied For: _____

Release and Waiver: Written Request for Reference

I authorize any source including present and former employers to furnish the Kershaw County Disabilities and Special Needs Board with whatever information they may have regarding my employment, including my reason(s) for leaving. I am signing this Release and Waiver voluntarily, and to request that you respond to this reference with full and complete information. Since this reference is an important part of my application for employment, I therefore waive and release all sources from any and all claims or causes of action in law or equity, including, but not limited to, defamation of character or invasion of privacy which might arise from responding to this reference check.

✓ **Applicant's Signature**

✓ **Date**

Personal Appraisal

(Based on your experience with applicant, please indicate by check mark in the appropriate column your evaluation of the following factors.)

	Above Average	Average	Unsatisfactory	Comments
Dependability				
Cooperation				
Initiative & Creativeness				
Emotional Stability				
Adjustability				
Consideration for Others*				

*Courteous in daily contact including attitude toward different race, religions, and nationalities.

No

Yes

Do you have any knowledge of any behavior, activities, or association, which tends to show that this person is not reliable, trustworthy, and of good conduct and character?		
Do you have any knowledge of any physical or mental condition, which would adversely affect applicant's work performance?		
Do you have any knowledge that the candidate's performance on the job or off-duty conduct is adversely affected by the use of alcoholic beverages or drugs?		

NOTE: If the answer to any of the above questions is "Yes", please give full details on the back. If you can give additional information regarding personal attributes or work performance, please do so below or on the back of this page.

Signature of Evaluator/Date

Employers: Please Complete

Date of Employment: _____ Title of Last Position: _____

RESIGNED: _____ INVOLUNTARY: _____ ELIGIBLE FOR REHIRE? _____ OTHER: _____

Signature of Preparer/Date

Title

Thank you for your assistance in this matter.
Please mail form to: **Kershaw County Board of Disabilities and Special Needs, 1619 Jefferson Davis Highway, Camden, SC 29020** Phone: 803-432-4841 or FAX: 803-424-22808