



# Richland Public Health

555 Lexington Ave., Mansfield, OH 44907

419-774-4500 • www.richlandhealth.org

## CONFIDENTIAL REFERENCE

TO: \_\_\_\_\_

Previous Employer

ATTN: \_\_\_\_\_

Personal Reference

\_\_\_\_\_ has applied for a position with Richland Public Health. Your name has been given as a reference. Your assistance in supplying the requested information below will be greatly appreciated. All information given will be treated with strict confidence. Thank you.

\_\_\_\_\_  
Human Resources

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

What position(s) did this applicant hold under your employment? \_\_\_\_\_

What was your official relationship to the applicant? \_\_\_\_\_

Please indicate by check mark in the appropriate column your evaluation of the applicant.

	Performance	Adaptability	Dependability	Cooperation	Judgment	Initiative	Personality	Attendance
Above Average								
Average								
Below Average								

Would you re-employ this applicant? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Undecided

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the addressed individual/employer to furnish an employment reference/verification to Richland Public Health and do hereby release both parties from any and all liability for damages in the furnishing and receiving of this information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_