

REQUEST FOR EMPLOYMENT REFERENCE

Please Print Clearly

Applicant's Name: _____
 Social Security # _____

Employer Name: _____
 Street Address: _____
 City/State/Zip: _____

Dates of Employment: From ___/___/___ to ___/___/___ Position(s): _____

I hereby authorize Sequoia-Kings Canyon Park Services Co and/or the NPS to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to Sequoia-Kings Canyon Park Services Co and NPS any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Sequoia-Kings Canyon Park Services Co, NPS, my former employers and all other persons, corporations, partnerships, governmental agencies and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

Applicant's Signature _____ Date _____

TO PREVIOUS EMPLOYER:

The above named applicant has applied for employment with Sequoia-Kings Canyon Park Services Co and has listed your company as one of his/her previous employers. Please provide the following information about this applicant. This information will be held in strict confidence.

Is the above information consistent with your records? Yes No

	Exceeded Standards	Met Standards	Needed Improvement
• Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Safety habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communication skills, oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communication skills, written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attendance record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason the applicant left your employment? _____

Is the applicant eligible for rehire: Yes No Reason: _____

Describe any other information you feel would help us evaluate the applicant: _____

Signature of Company Representative _____ Title _____

Print Name _____ Phone # (____) _____

Date _____