

Appalachian Agency for Senior Citizens
Regina Sayers, Executive Director

TO: (FORMER EMPLOYER) _____

CITY: _____

RE: _____
 Last Name First Middle Maiden

SOCIAL SECURITY NUMBER: _____

We are considering the above applicant for employment as a _____
 We would appreciate your completing the following and returning this form to us at your
 convenience. Any comments you make will be treated in strictest confidence.

AUTHORIZATION:

I hereby authorize any prior employer to provide such information concerning my employment with
 them as may be required. I also authorize the Registrar/Placement office of all educational
 institutions attended to release an official copy of my transcript(s) and, if available, faculty
 appraisals.

APPLICANT SIGNATURE _____

	Excellent	Good	Average	Unsatisfactory
Attendance				
Attitude & Cooperation				
Appearance				
Dependability				
Interpersonal Relationships				
Technical Ability				
Time Management				

DATE OF EMPLOYMENT – FROM: _____ TO: _____

LAST POSITION TITLE: _____

REASON FOR LEAVING: _____

WOULD YOU REHIRE? YES _____ NO _____ IF NO, PLEASE EXPLAIN:

ADDITIONAL REMARKS: _____

DATE: _____ SIGNATURE: _____