

To: _____ (Company Name/Address)	From: <u>Children's Network of Southwest Florida, LLC</u>
_____ (Email Address ~or~ Fax Number)	<u>2232 Altamont Avenue, Ft. Myers, FL 33901</u> _____ / <u>(239) 226-0227</u> (Email Address / Fax Number)
Attn: _____ (Supervisor's Name)	Attn: _____

_____ has applied for employment with the Children's Network of Southwest Florida, LLC. Please verify the following information supplied to us and answer questions regarding his/her job performance. Note below this applicant's authorization/release for you to supply the Children's Network with this information. Please return this form to the address or fax above at right. Thank you for your time and your help.

AUTHORIZATION/RELEASE

I authorize investigation of all statements contained on my application, resume or on this employment verification and reference request. Further, I authorize the references and employers to give the Children's Network of Southwest Florida, LLC any and all information concerning my previous employment and release the company from all liability for damage that may result from use of such information.

 Signature of Applicant _____
(Date)

- 1) The applicant states the following dates of employment for time worked at your company from: _____ to _____. Is this correct? _____. If not, please show the correct dates: _____ to _____.
- 2) What was his/her position? _____
- 3) Is the applicant eligible for re-hire? _____
- 4) How would you rate the quality/quantity of his/her work? (Scale of 1-10) _____
- 5) How would you rate his/her communication and interpersonal skills? (Scale of 1-10) _____
- 6) How was his/her attendance and punctuality? _____
- 7) Why did he/she leave your company? _____
- 8) What else should we know about the applicant that would be helpful? _____

 (Signature and Title of Person Completing Form) _____
(Date)