

409 West Brewster Street Harvey, ND 58341-1724 Phone (701) 324-4636 Fax (701) 324-4778

Website: www.hav-it.org

Completed by Applicant:

	Dear Past Employer: I have applie	ed for a position with HAV-IT Ser	vices. With my signature
below, I am authorizing you to	provide HAV-IT with the informati	on requested on this form.	
Signature		Date	
Printed Name			
		Other name worked under (if applicable)	
Name of Company	Address	City	State Zip
Person to Contact	Phone Number	E-mail	
	from	to	
Position held			
All reference requests will be	e sent from HAV-IT Services off	ices. Do not send this form to	your past employer.
When it comes to hiring a new employee, there is no question that input from a former employer is invaluable. It is crucial that each employee we hire has the right qualifications and work experience to perform their duties. The applicant named above indicates to have been in your employ and is authorizing you to answer the questions in the "Past Employer" section below. Your response shall be kept confidential unless otherwise required by law. Thank you for your contribution to our quality assurance process. Please return this to me in the self addressed stamped envelope. Tim Huseth, Executive Director Date Completed By Past Employer: Are deten given correct? The life of the given correct detect.			
Are dates given correct? Yes No If not, give correct dates: From to to			
	expectations, 2 = Met expectatio	·	ons
Attendance		nts:	
Reason for leaving/comments?			
Company	Signature/Title		 Date

Vision

Everyone will be provided opportunities to reach their full potential.

Values







