



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 applied for a position with HAV-IT Services. With my signature below, I am authorizing you to provide HAV-IT with the information 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 sent from HAV-IT Services offices. Do not send this form to your past employer.

Dear 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.

 Donna Edinger, Executive Director Date ____-____-____

Completed By Past Employer:

Are dates given correct? Yes No If not, give correct dates: From ____-____-____ to ____-____-____

Evaluation 3 = Exceeded expectations, 2 = Met expectations, 1 = Failed to meet expectations

	3	2	1	Additional Comments:
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Would you rehire?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Reason for leaving/comments? _____

 Company Signature/Title Date ____-____-____

