

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

1 Talling		signature	e below, I am au	thorizing you to	provide HAV-IT with	the information requested
on this form.		J	,	3,	•	·
Signature				Date _		
Name (printed)						
Name (printed)Othe	r name woi	rked unde	er (if applicable)			
Name of Past Employ	yer	Address		City		State Zip
		fro	m	to		
Position held					Company Name	
All reference reques	sts will be	sent fror	n the HAV-IT S	ervices office	<mark>s.</mark>	
Do not send this for					_	
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.						
, ,		, ,				' '
Tim Huseth, Executive Director Date						
,						
Completed By Past						
Are dates given corre	ect? □Yes	i □No l	If not, give corre	ct dates: Fr	om to _	
Evaluation 3 = Exceeded expectations, 2 = Met expectations, 1 = Failed to meet expectations						
3		<u>1</u>	Additional C	omments:		
•						
<u> </u>						
	☐ Yes ☐ N					
Reason for leaving/co	omments?					
· ·	•					
Company		3	Signature/Title			Date

Vision

Everyone will be provided opportunities to reach their full potential.

Values







