

**EDWARD JOHN NOBLE HOSPITAL/KINNEY NURSING HOME
GOUVERNEUR, NEW YORK 13642**

I, (PLEASE PRINT NAME) _____, CONSENT TO RELEASE OF INFORMATION REQUESTED BELOW.

SOCIAL SECURITY NUMBER: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

TO THE EMPLOYER:

The above individual has applied for a position at our institution. Your completion of the information requested below will be appreciated and will be held in confidence. If there is information which you would prefer to discuss personally, please call me at (315) 535-9311 or (315) 535-9312. THANK YOU.

Human Resource Associate

EVALUATION

Please indicate dates of employment, positions held and reasons for leaving. If giving a personal reference, please indicate the length of time you have known the applicant. Your frank evaluation of the abilities and personal traits will be appreciated.

Employed from: _____ to _____ as _____
Known from: _____ to _____ as _____
Reason for leaving: _____ to _____ as _____

	Excellent	Good	Average	Poor	Not Acceptable
Appearance	_____	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____	_____
Attitude:	_____	_____	_____	_____	_____
Cooperation:	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____

Would you rehire this person? Yes _____ No _____
* if no, please state reason(s): _____

Additional comments/information: _____

Name: _____

Title: _____

Signature: _____

Date: _____