



AUTHORIZATION FOR REFERENCE CHECKS AND RELEASE OF EMPLOYMENT RECORDS

TO WHOM IT MAY CONCERN: I do hereby authorize and request my prior employers to provide a reference to Beacon, including relevant facts and particulars regarding my prior employment, including personnel records, disciplinary records and employment evaluations, if any. I understand and agree no liability shall attach to any organization or person who honors this authorization and request, nor to Beacon, or its agents, and employees requesting such information and hereby release all such persons from liability in connection with the furnishing of such reference. I acknowledge a copy of this document carries the same validity as the original.

Full Legal Name (printed) _____ (Maiden) _____

Signature _____ Date _____

TO BE FILLED OUT BY FORMER EMPLOYER

Name of Company: _____ Attention: _____

Dates Employed From: _____ To: _____

Position(s) Held: _____

Would You Rehire? Yes _____ No _____ Wage? Starting \$: _____ Final \$: _____

	Excel.	Good	Fair	Poor
What was the Reason for Leaving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Verified by: _____ Position: _____

Please Send Back to Beacon Staff Member: _____

Date: _____

