



Pre-employment References

City of Brunswick
Human Resources Department
P.O. Box 550
Brunswick, GA 31520
912-267-5062
FAX 912-267-5065

TO: _____
(Name of Former Supervisor)

(Company Name of Former Employer)

(Address)

(City, State, Zip)

(Telephone)

I, (print your name) _____ am submitting an employment application to the City of Brunswick for the position(s) of:

1. _____ 2. _____ 3. _____

I cannot be considered for employment until my references are on file. Will you please complete the items listed below and mail this form to the City Human Resources Department. I hereby authorize you to release all records of employment, including assessments of my job performance, ability and fitness. I hereby release you from any and all liability of any type as a result of providing the following information to the above mentioned Company. Thank you.

(Signature) Date: _____

FORMER EMPLOYER REFERENCE FORM

(Applicant: do not write below this line. To be completed by former employer)

- 1. Dates of employment with your organization: _____
- 2. Positions held with your organization: _____
- 3. Was the employee's overall performance:
Satisfactory:___ Average: ___ Below Average:___ Poor:___
- 4. Was applicant absent: Never ___ Occasionally ___ Repeatedly___
- 5. Was applicant's quality of work: Excellent___ Good ___ Fair___ Poor___
- 6. Did applicant accept supervision: Well ___ Average___ Fair___ Poor_-
- 7. Why did employee leave your company? Resigned___ Discharged___ Laid Off___ Other___
- 8. If your policy permitted and if you had a vacancy, would you rehire this person?_____
- If no, please explain: _____
- 9. Remarks: _____
- _____
- _____
- _____

Date: _____