



APPLICANT PLEASE SIGN AND DATE

I hereby authorize my former employers, school officials and other persons with whom I have been professionally associated to give Bethel Lutheran Nursing & Rehabilitation Center any information regarding my employment record, together with any information they may have regarding whether or not such information is on their records. I hereby release said companies and individuals for any damage whatsoever resulting from the giving of such information.

Signature _____ Date _____

Confidential Information

**Bethel Lutheran Nursing & Rehabilitation Center
1515 2nd Avenue West
Williston, ND 58801
Phone:(701) 572-6766
Fax: (701) 572-7579**

To _____

_____ is an applicant for a position as _____. He/She has given us permission to contact you for a reference. Although the position they have applied for at Bethel Lutheran Nursing & Rehabilitation Center may be different than they had at your facility, we would appreciate your evaluation of this person's job performance based on their work while employed at your organization. Thank you for your consideration.

Employed from _____ to _____ Department _____

Position/Title _____ Leaving _____ Title _____

Reason for leaving _____

Would you rehire? _____ If not why? _____

Please rate applicant on the following characteristics:

	Poor	Fair	Good	Excellent
Quality of Work				
Quantity of Work				
Appearance				
Dependability				
Perception of Co-workers				
Team Effectiveness				

Is there any other information that may help us evaluate this applicant? _____

Signed _____

Title _____

PLEASE RETURN IN ENCLOSED ENVELOPE