



MOBILE LIFE SUPPORT SERVICES, INC.  
 P.O. Box 471 - 69 Dickson Street  
 Newburgh, NY 12551-0471  
 www.mobilelife.com - 845-562-4368

# PREVIOUS EMPLOYMENT REQUEST FOR REFERENCE

DATE: \_\_\_\_\_

DEAR: \_\_\_\_\_

The applicant named below has applied for employment at Mobile Life Support Services, Inc. for the position indicated. The applicant has given your company and name as a reference. Please complete the reverse side of this form and return it to us in the envelope provided. In the event you have information you would like to discuss with us personally, please contact our Staff Development Office at 845-562-4368 ext. 224.

## APPLICANT – COMPLETE THE INFORMATION IN THIS SECTION

NAME OF PREVIOUS EMPLOYER		
ADDRESS		
CITY	STATE	ZIP CODE

NAME OF APPLICANT	POSITION APPLIED FOR
APPLICANT'S SOCIAL SECURITY NUMBER	

I authorize my previous employer to release any and all information regarding my employment and I understand that Mobile Life Support Services, Inc. will hold all information in strict confidence.

APPLICANT'S SIGNATURE	DATE
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# PREVIOUS EMPLOYER

PLEASE COMPLETE THE FOLLOWING INFORMATION

LAST POSITION HELD BY APPLICANT		DATE HIRED	DATE SEPARATED
REASON FOR LEAVING	ELIGIBLE FOR RE-HIRE		WAGES

PLEASE CHECK THE BOX OPPOSITE EACH CHARACTERISTIC THAT BEST DESCRIBES THIS APPLICANT.

	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>MARGINAL</b>	<b>NOT ACCEPTABLE</b>
<b>QUALITY OF WORK</b>				
<b>MOTIVATION AND INITIATIVE</b>				
<b>DEPENDABILITY</b>				
<b>COOPERATION WITH OTHERS</b>				
<b>APPEARANCE</b>				
<b>WORK ETHIC</b>				
<b>LOYALTY</b>				
<b>HONESTY</b>				

PLEASE LIST ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE PERTINENT TO US EVALUATING THIS APPLICANT FOR EMPLOYMENT WITH OUR ORGANIZATION.

SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE
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