

MARION COUNTY BOARD OF MR/DD
PERSONAL REFERENCE CHECK

To whom it may concern:

The applicant named below has submitted an application for employment with our agency. In order to complete the application process, please complete the few questions below and return. This information will remain confidential. Thank you.

From:

MARION COUNTY BOARD OF MR/DD
HUMAN RESOURCES DEPARTMENT
2387 HARDING HIGHWAY EAST
MARION, OHIO 43302

TO BE COMPLETED BY APPLICANT:

Applicant's Name _____ Date of Application _____

Name of Personal/Professional Reference _____

Address _____ City/State/Zip _____

Phone(_____) _____

I hereby authorize the following information to be released.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY PERSONAL/PROFESSIONAL REFERENCE:

How long have you known the applicant? _____

In what capacity do you know the applicant? (Please circle)

Socially Business Other _____

Do you feel the applicant has the following characteristics? (Please circle)

Dependable Responsible Honest Punctual

Additional Comments _____

The information I have given is accurate to the best of my knowledge.

Signature _____ Date _____