

Applicant Name: _____

 First MI Last



PO Box 809, Goshen, IN 46527-0809

PLEASE FORWARD THIS FORM TO THE EMPLOYER

Former Name if different from current while at this employer _____

I have applied for a position at Oaklawn as _____. I grant permission for Oaklawn to verify the information below and to solicit and secure information required to demonstrate my suitability for employment. I authorize the employer named below to release information to Oaklawn as may be requested for the purpose of evaluating me for possible employment. A copy of this authorization bearing my correct signature has the same force and value as the original. I do hereby release the addressed individual, company or institution and all individuals connected with Oaklawn from all liability for any damage whatsoever incurred from furnishing such information.

Applicant Signature _____ Date ____ / ____ / ____

CURRENT OR FORMER EMPLOYER	TELEPHONE ()
ADDRESS	FAX ()
ZIP	
JOB TITLE	
IMMEDIATE SUPERVISOR AND TITLE	

Applicant: Please complete this section as it relates to your work with above employer	Employer: Please check agree or disagree. Please give reasons for disagree.		
	Agree	Disagree	Reason
Dates of Employment: From: ____ / ____ / ____ To: ____ / ____ / ____			
The reason I am no longer employed:			
My job performance with this employer:			
My reliability/attendance with this employer:			
My ability to get along with other employees:			
I am eligible for rehire with this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Verified by: _____ Title _____ Date: ____ / ____ / ____
 Thank you from Oaklawn Human Resources (574)537-2613. FAX (574) 537-2698. EOE