

REQUEST FOR EMPLOYMENT INFORMATION

To:

From:

RE:

SSN:

The above named individual has applied for a position within the Department of Natural Resources. To assist us in evaluating this person's qualifications, please answer the questions listed below. All information will be held in strict confidence.

Date of Employment: From _____ To _____

Job Title _____

Reason for termination _____

Would you rehire? Why or why not? _____

Below Average	Average	Above Average	Excellent
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Quality of Work

Quantity of Work (Speed)

Cooperation (Working With
Co- Workers)

Dependability
(Follows Instructions)

Attendance

Remarks: _____

Signature _____ Title _____

I authorize the company named above to furnish to the Department of Natural Resources the above requested information.

Signature of Applicant _____ Date _____