

**Unified Community Connections, Inc.
 Executive Plaza III
 11350 McCormick Road – Suite 1100
 Hunt Valley, Maryland, 21031
 Telephone: 410-484-4540**

Note to Employer: References are helpful to us in determining an applicant's suitability for the job for which they have applied. We appreciate the time you take in completing the information requested below.

Applicant Name:		Social Security #:	
Name of Employer:			
Address of Employer:			
Supervisor Name:		Phone:	Fax:

I hereby authorize you to release employment information to Unified Community Connections, Inc. I understand this information will be used to determine my qualification for the position I have applied. I understand this information will be used for hiring purposes only and shall be kept confidential. I release from liability all individuals and organizations who provide information to UC2 in good faith and without malice concerning my qualifications.

SIGNATURE OF APPLICANT: _____ DATE: _____

Please rate the employee on the following characteristics:

	GOOD	FAIR	POOR
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE TOWARD JOB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMITMENT TO JOB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Position Held: _____ Eligible for Rehire: ____ Yes ____ No

Dates of Employment: Employment Began: _____ Employment Ended: _____

Current Status: (Please Circle) Still Employed Resigned Terminated

Are there any allegations or concerns about physical or verbal abuse? (Please Circle): Yes No

Would you recommend this individual for employment? (Please Circle): Yes No

Comments: _____

Name/Title: _____
 Signature: _____ DATE: _____

Please fax completed form to: _____ . Thank you!