

**OHIO DISTRICT 5 AREA AGENCY ON AGING, INC.
EMPLOYMENT REFERENCE RELEASE FORM**

Applicant Name: _____ **Date:** _____

Position Applied: _____

I, _____ authorize the Ohio District 5 Area Agency on Aging, Inc. to obtain information from the individual listed below.

<i>As a previous supervisor, we would appreciate a reference on behalf of the individual named above. Your confidential response will be helpful in our recruitment process.</i>			
Name of Reference/ Company Name	Relationship to Applicant	Address	Phone/Fax Number

Signature: _____ **Date:** _____

You may fax or mail this information to the Area Agency on Aging, Inc.'s Human Resources Department at 419-525-6755, 780 Park Ave West, Mansfield, OH 44906 within 5 (five) business days.

1. What is your relationship to the applicant? _____
2. What is the length of your relationship with applicant? _____
3. Describe applicant's quality of work while employed with your organization: _____

4. How would you describe the applicant's quantity of work? _____

5. Describe the applicant's job knowledge: _____

6. Was applicant dependable? _____
7. Did the applicant have a positive attitude and cooperate with others? _____

8. Would you re-hire applicant? _____
9. Other comments: _____

Signature of person providing information: _____ **Date:** _____

Title: _____