

EMPLOYMENT REFERENCE FORM
APPLICANT PLEASE COMPLETE SECTION "A" ONLY

SECTION A:

YOUR NAME (PRINT)

YOUR SOCIAL SECURITY NUMBER

NAME, ADDRESS AND PHONE NUMBER OF BUSINESS PROVIDING REFERENCE:

NAME OF BUSINESS

ADDRESS

CITY/STATE/ZIP

() _____
PHONE

EMPLOYMENT DATES __/__/__ **TO** __/__/__ **FULL-TIME** __ **PART-TIME** __ **POOL** __

POSITION HELD _____ **IMMEDIATE SUPERVISOR** _____

REASON FOR LEAVING _____

ELIGIBLE FOR REHIRE? YES __ **NO** __ **IF NO, WHY?** _____

SIGNATURE

____/____/____
DATE

APPLICANT DO NOT WRITE BELOW THIS LINE. FOR EMPLOYER USE ONLY

SECTION B:

TO WHOM IT MAY CONCERN:

THE ABOVE NAMED APPLICANT HAS GIVEN YOU AS A REFERENCE. PLEASE PROVIDE THE FOLLOWING INFORMATION AND RETURN IT TO THE LSU MEDICAL CENTER HEALTH CARE SERVICES DIVISION-HUMAN RESOURCES. REFERENCE INFORMATION IS CONSIDERED CONFIDENTIAL.

EMPLOYMENT DATES __/__/__ **TO** __/__/__ **FULL TIME** __ **PART TIME** __ **POOL** __

POSITION HELD _____ **WOULD YOU REHIRE? YES** __ **NO** __

JOB PERFORMANCE/COMMENTS: _____

DATE: __/__/__ **SIGNATURE:** _____ **TITLE:** _____

