

County College Of Morris
Request for Employment Information

(TOP PORTION TO BE COMPLETED BY APPLICANT)

Name: _____

Last Position Held: _____ Dates of Employment: _____

Name of Company: _____

Street Address _____

City, _____ State, _____ Zip Code _____

Contact/Attention: _____

I have recently been hired at the County College of Morris and have listed you as an employer.
I release you from all liability for providing the information requested below:

Signature of Applicant

Date

To Whom It May Concern:

The person whose name appears above has been hired at the County College of Morris and has given us written authorization to contact you regarding employment history. We would appreciate your furnishing us with the information requested below. All information will be held in confidence. A self addressed envelope is enclosed for your convenience as well as our fax number, above, or if you would like to scan the completed document, please e-mail to lsanchez@ccm.edu.

TO BE COMPLETED BY CURRENT/FORMER EMPLOYER

(Please rate the following by Poor, Fair, Average, Very Good or Outstanding)

Job Title: _____ Dates of Employment: _____

Reason for leaving: _____

Quality of Work : _____

Quantity of Work: _____

Attendance/Punctuality/Dependability: _____

Eligible for Re-hire: _____

Date

Signature

Title