



861 Critter Court
Onalaska, WI 54650
Phone: 608.783.2292
Fax: 608.783.1182

Employment Verification and Reference Check

SpringBrook is committed to hiring only the highest quality applicants to provide excellent service and customer care. Please help us by completing this form. Please scan and return the form to Colleen Poth, cpoth861@springbrookcare.com or Fax to 608 -783- 1182.

To be completed by Applicant:

Name while employed: _____ Social Security #: _____

Employer Name: _____

Employer Address: _____ City/State/Zip: _____

Fax#: _____ Phone #: _____

Position Held: _____ Dates of Employment: _____

I authorize the employer listed above to release to SpringBrook Community of Onalaska any and all information requested relating to my employment with them. I release and agree to hold harmless the employer from any and all damages due to providing this information. This authorization is valid for 60 days from date signed.

Applicant Signature: _____ Date: _____

Employer to Complete:

Dates of Employment (if not correct above): _____

Reason for leaving: _____

Would you Rehire: Yes No

Number of absences while employed: _____ Number of tardies: _____

Please rate the applicant on the following items on a 1-5 scale, with 5 being "Excellent"

Job Knowledge: _____ Problem Solving: _____

Quality of Work: _____ Professional Conduct: _____

Quantity of Work: _____ Teamwork with Co-Workers: _____

Independent Initiative: _____ Cooperation with Supervisors: _____

Independent Judgement: _____ Relationship with Customers: _____

Comments: _____
