

## Damariscotta Montessori School

93 Center Street ~ Nobleboro, ME 04555 Phone (207) 563-2168 ~ Email shawnalyt@damariscottamontessori.org

## **Reference Release Form**

Filled out by the applicant:					
Applicant name:					
Former employer:				_	
Social Security #: Dates employed:				-	
The above named applicant is being considered for employment with the Damariscotta Montessori School and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.					
Applicant's Authori	zation				
I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.					
Applicant's signature: Date:					
Record of Employment (to be filled out by the reference)					
Position held: Dates employed:					
Summary of essential duties:					
Reason for leaving:					
Salary at termination:			Eligible for rehire? Yes No		
Please rate the following:					
	Excellent	Good	Average	Fair	Poor
Job Knowledge					
Effort					
Productivity					
Organization					
Dependability					
Attendance					
Promptness					
Comments:					
Signature:		Date:		Title:	
Printed Name & Phone Number:					