

Penn Fire Department Form

Employer Reference Form

Applicant Name: _____ D.O. B _____

Address: _____ State: _____ Zip Code: _____

Phone Number: _____

Position Applying for: _____

(Please answer all questions honestly and accurately)

This Must Part Be Completed By The Employer

Name of Company: _____ Phone Number: _____

Name of Supervisor: _____ Position: _____

Dates employed under you: From: _____ To: _____

Nature of work; specific duties, responsibilities:	
Reason for leaving employment. If dismissed please supply details:	
Was the applicant honest and trustworthy all the time? If no, please supple full details:	
During employment was applicant the subject of a disciplinary procedure? If yes, please supple full details and outcome:	
Would you re-employ applicant? If, no please state the reason why:	
Do you have any other information you feel would be relevant to an employer?	

Applicant name: _____

D.O.B _____

Please select which box accurately applies to the applicant:

	Excellent	Good	Satisfactory	Below Average	Poor
General Conduct					
Work Performance					
Attitude to Work					
Initiative					
Time Keeping					
Relationship with Colleagues:					
Relationships with Customers:					

*****If you indicated applicant is "Below Average" or "Poor" for any category please state your reasons below:**

Please sign below stating everything that you have written is honest and correct.

Signature: _____

Thank you for your time and input.

Please mail to

Penn Fire Department

13960 Jackson Rd

Mishawaka, IN 46544

Or

Scan and email to

Jvanbruaene@pennfire

Subject line: Applicants name