



COAHOMA COMMUNITY COLLEGE

3240 Friars Point Road
Clarksdale, Mississippi 38614
662-627-2571, Fax: 662-627-9451

REFERENCE REQUEST AUTHORIZATION

_____ has received an application from the below listed individual who has listed your organization as a reference. Please assist us by completing this form. This information will be kept strictly confidential.

Former Employer

Dates of Claimed Employment

Name Employed Under

Social Security Number

Position Last Held/Final Rate of Pay

Reason for Leaving

AUTHORIZATION:

I hereby authorize Coahoma Community College to request verification of statements made by me on my employment application, and any other job-related information. I also give permission to the company named below to release the information requested by the College.

Applicant's Signature

Date

PLEASE RATE APPLICANT ON THE FOLLOWING CHARACTERISTICS (TO BE COMPLETED BY THE EMPLOYER)

Characteristics	Excellent	Good	Fair	Poor
How would you rate this employee's job performance?				
How would you rate this employee's initiative?				
How would you rate this employee's cooperation?				
How would you rate this employee's attendance?				
How would you rate this employee overall?				

Strengths/Weaknesses _____

Comments, if any: _____

Signed by: _____ Position: _____

Organization: _____ Date: _____

Would you consider applicant for rehire? Yes No