



Christopher Aaron Counseling Center LLC
67 Shaker Rd., Suite 7
Gray, ME 04039
Telephone 207-657-7700

Today's Date: _____

Attention: _____

Address: _____

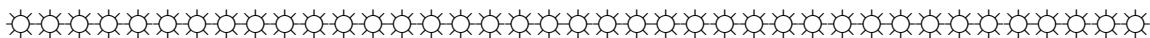
Phone: _____

RE: _____ (applicant's name)

The person named above has applied for a position with Christopher Aaron Counseling Center. He/She/They have given your name as a reference.

In order for us to make a decision about this applicant, a reply at your earliest convenience is greatly appreciated. Please return in the self-addressed envelope that has been provided.

The above named applicant has given authorization for us to receive this information with his/her/their signature below. Please complete the information on the reverse side of this form.



Applicant's Authorization

I hereby authorize the above individual, company, or institution to furnish Christopher Aaron Counseling Center any information regarding my employment, including but not limited to, information concerning my work habits, performance, attendance, discipline, promotions, demotions, and my reason(s) for leaving. By making this request, I release my former employer, its agents and/or employees of and from any and all claims and liabilities of any kind whatsoever, arising out of their compliance with this request.

Date

Applicant's Signature

Applicant's Name: _____

In what capacity did/do you know the applicant, when and for how long?

Please rate the following – (E)xcellent, (G)ood, (F)air, (P)oor

- _____ Ability to accept feedback
- _____ Ability to work with others
- _____ Attendance
- _____ Ability to meet deadlines
- _____ Ability to handle paperwork responsibilities
- _____ Ability to make decisions on his/her/their own
- _____ Documentation skills
- _____ Overall job performance

Strengths: _____

Weaknesses/Challenges: _____

Additional comments: _____

Is this applicant eligible for rehire? Yes No

How may we contact you should we have further questions?

Completed by

Name

Title

Date

Thank you for your time and response.