



South Carolina
Department of
Mental Health

EMPLOYMENT REFERENCE CHECK

P.O. Box 485, Columbia, S.C. 29201

The person named below has applied for a position of _____ with the South Carolina Department of Mental Health and listed you as a previous employer. Please help us by completing the requested information and returning the form in the enclosed stamped self-addressed envelope.

TO BE COMPLETED BY EMPLOYEE:

Name and address of Previous Employer _____

Employee's Name _____
(Last) (First) (Middle Initial)

Social Security Number _____

1. Period of employment: From _____ To _____

2. Salary: Starting _____ per _____ Final _____ per _____

3. Position: _____

4. Reasons for leaving your employment: _____

Authorization is hereby given to contact and obtain employment records from previous employers and schools attended; to investigate and obtain information from the South Carolina Law Enforcement Division (SLED), FBI, and to initiate a Child Registry Check if required.

I understand that the Department of Mental Health considers the information furnished on this form to only be one step in the hiring and employment process. Further, I understand that the Department of Mental Health has a policy of supplementing and completing the information provided here and on my employment application, by checking it against references listed. Omission of important information, misstatement, or falsification of information will give cause to reject my application or terminate my employment.

Employee Signature

Date

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Please check the box that is most appropriate concerning the employee's work - while employed with your organization:

Ability to complete work assignments with limited supervision

- Below Average Average Very Good Exceptional

Attendance while employed

- Below Average Average Very Good Exceptional

(Continued)

Interpersonal relationships in the work place

- Below Average Average Very Good Exceptional

Quality of work

- Below Average Average Very Good Exceptional

Quantity of work, if appropriate

- Below Average Average Very Good Exceptional

Timeliness in completing job assignments

- Below Average Average Very Good Exceptional

Receptive to training offered by the employer

- Below Average Average Very Good Exceptional

Receptive to changes in the work place

- Below Average Average Very Good Exceptional

Computer skills, if appropriate in prior position

- Below Average Average Very Good Exceptional

Willingness to carry out instructions and established policies

- Below Average Average Very Good Exceptional

Ability to communicate with others in the work place

- Below Average Average Very Good Exceptional

Is the named individual eligible for re-employment by the employee. Yes No

Please verify if the information is correct as completed by the employee. Yes No

Additional or other comments: _____

Evaluator's relationship to the person being rated: Please check the appropriate box.

- 2nd Line Supervisor
- 1st Line Supervisor
- Work Leader
- Human Resource Staff - Title please
- Other - _____

Typed or printed name of person completing form

Signature

Date