

**Confidential Information**  
**Applicant Please Sign and Date at Bottom**  
**Daniels Memorial Healthcare Center**  
**PO Box 400**  
**Scobey, MT 59263**  
**Phone (406) 487-2296; Fax (406) 487-2471**

To \_\_\_\_\_,

\_\_\_\_\_ is an applicant for a position as

\_\_\_\_\_. He/She has given us permission to contact you for a reference.

Although the position they have applied for at Daniels Memorial Healthcare Center may be different than the job they had at your facility, we would appreciate your evaluation of this person's job performance based on their work while employed at your organization. Thank you for your consideration.

\_\_\_\_\_  
**Edith Huda, Human Resources**

**What is your relationship to the candidate?** \_\_\_\_\_

**What is your job title?** \_\_\_\_\_

**Can you confirm the following;**

**Candidate's Job Title:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Work Duties/Responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Can you describe the candidates work performance?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Why did the candidate leave the position?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signed** \_\_\_\_\_

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I hereby authorize my former employers, school officials and other persons with whom I have been professionally associated to give Daniels Memorial Healthcare Center any information regarding my employment record, together with any information they may have regarding whether or not such information is on their records. I hereby release said companies and individuals for any liability for any damage whatsoever resulting from the giving of such information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return in enclosed envelope**

7/16/15