



St. Aloisius Medical Center

SMP Health System

325 Brewster Street East, Harvey, ND 58341 (701) 324-4651

Applicants: Please complete the top portion of this form and sign the form at the bottom. Give/send the form to the person you are asking for a reference. The form should be mailed directly to St. Aloisius Medical Center from the person giving you a reference.

EMPLOYMENT / CHARACTER REFERENCE FORM

Applicant Name: _____ Date: _____
(Please type or print your name clearly)

TO: _____
(Type or print name of person you are asking for a reference above)

I am applying for the position of _____ at St. Aloisius Medical Center. Please complete this reference form as soon as possible. Fold and mail or return it to St. Aloisius. This will assist St. Aloisius in judging my qualifications for this position.

This information will be kept confidential.

(The section below needs to be completed by the person giving the reference)

Your relationship to Applicant _____

Employment Dates: _____

Position held: _____

What work did applicant do? _____

Applicant was: Asked to Leave _____ Resigned _____ Eligible for Rehire _____

Why? _____

Do you recommend applicant for position? _____

Initiative _____

Honesty/Integrity _____

Punctuality _____

Courteous/Respectful _____

Compassionate _____

Maintains Confidentiality _____

Appearance _____

Attendance _____

Cooperates/Works with others _____

Further Comment? _____

Signature: _____

Title: _____ Date: _____

I hereby give my permission for information concerning my former employment and/or my school record to be released to St. Aloisius Medical Center on their request for references in regard to my qualifications for the position for which I have applied.

Applicant Signature _____