

Date: _____

Please specify:

() Employer Reference

() Personal Reference

(Please complete the remarks section)

I have applied to KLA Medical Services, Inc. for the position of: _____

I was previously / am currently employed by you as _____

From _____ to _____.

I hereby authorize you to release to KLA Medical Services, Inc. All the information regarding my past employment with you and I release you from any liability from the disclosure of this information.

Please verify my past employment with you by completing the questionnaire on the reverse side and return it to the human resource department.

Thank you. Sincerely,

Signature: _____

Print full name: _____

Social Security #: _____

Other names under which you may have worked: _____

Please fill in the following. All information will be held in strict confidence and we will reciprocate at any time. Thank You for your cooperation supplying the information below.

Position held: _____

Employed from: _____

Wage Rate: _____

Reason for leaving: _____

Is applicant eligible for re-hire? _____

If no please explain: _____

	Above Average	Average	Unsatisfactory
Quality of Work	_____	_____	_____
Attendance	_____	_____	_____
Ability to work with others	_____	_____	_____
Responsibility	_____	_____	_____

Remarks: _____

Signature: _____

Title: _____ **Date:** _____