



**Brunswick-Glynn County**  
**Joint Water and Sewer Commission**  
 Pre-employment References

**Applicant: Please complete the top portion of this form and turn it in with your application; we will contact your reference by telephone. Thank You.**

**Teamwork Services, Inc.**  
**For Joint Water and Sewer Commission**  
 700 Gloucester Street  
 Suite 101  
 Brunswick, GA 31520  
 Fax: 912-265-8501

**To:** \_\_\_\_\_  
 (Name of Former Supervisor)

\_\_\_\_\_

(Company Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City, State, Zip)

\_\_\_\_\_

(Telephone)

I, \_\_\_\_\_, am submitting an employment application to the Joint Water and Sewer Commission for the position of: \_\_\_\_\_.

I cannot be considered for employment until my references are on file. Please complete the items listed below and mail this form to Teamwork Services, Inc. I hereby authorize you to release all records of employment, including assessments of my job performance, ability and fitness. I hereby release you from all liability of any type as a result of providing the following information to the above-mentioned Company.

\_\_\_\_\_ (Signature)      \_\_\_\_\_ (Date)      \_\_\_\_\_ (Social Security Number)

**FORMER EMPLOYER REFERENCE FORM**

**(Applicant: Do not write below this line. To be completed by former employer.)**

1. Dates of employment with your organization: \_\_\_\_\_

2. Positions held with your organization: \_\_\_\_\_

3. Was the employee's overall performance:  
 Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Poor \_\_\_\_\_

4. Was applicant absent: Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Repeatedly \_\_\_\_\_

5. Was applicant's quality of work: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

6. Did applicant accept supervision: Well \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

7. Why did employee leave your company? Resigned \_\_\_\_\_ Discharge \_\_\_\_\_ Laid off \_\_\_\_\_ Other \_\_\_\_\_

8. If your policy permitted and if you had a vacancy, would you rehire this person? \_\_\_\_\_  
 If no, please explain: \_\_\_\_\_

9. Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_