



**PARTICIPATION HOUSE,**  
Markham

## Authorization for Employment Reference Information

Name of Person Providing this Reference: _____ Phone: _____		
Name of Person you are providing information about: _____		
Position (s) held:		
Date of Hire:	Leaving Date:	Pay Rate:
Reason for Leaving:		

### PERFORMANCE EVALUATION

PERFORMANCE	Superior	Good	Fair	Poor
Job Knowledge and Use of Skills				
Attention to Detail and Memory				
Use of Time/Efficiency				
Relationship with Co-workers				
Compliance with Rules and Policies				
Tardiness				
Honesty and Trustworthiness				
Personal Grooming				
Absenteeism				

### OVERALL EVALUATION

<p>Would you consider rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No ( Please state reason below )</p> <p>_____</p> <p>Additional Comments:</p>
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### DISCLOSURE AUTHORIZATION AND RELEASE

I hereby authorize \_\_\_\_\_ and its employee(s) and representative(s) to provide any and all information they deem appropriate regarding my employment and job performance to CEREBRAL PALSY PARENT COUNCIL OF TORONTO (Participation House, Markham) and any of its employee(s) or representative(s). This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against CEREBRAL PALSY PARENT COUNCIL OF TORONTO and its employee(s), representative(s), and agents; and I release CEREBRAL PALSY PARENT COUNCIL OF TORONTO and its employee(s) or representative(s) from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favourable or unfavourable to me.

Print Name	Signature:	Date:
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PLEASE FAX TO: Attention: Ann Ball, Human Resources Administrator Fax# 905-513-7963