



Louisville/Jefferson County Metro Government

517 Court Place Louisville KY, 40202-3305

Ph (502) 574-3854/Fax (502) 574-1041

CONFIDENTIAL REFERENCE REQUEST

APPLICANT COMPLETE BOLD TEXT ONLY (PRINT IN BLUE OR BLACK INK)

Company Name _____

Address _____ **City** _____ **State** ____ **Zip Code** _____

I have applied to the Louisville/Jefferson County Metro Government for employment in the position of _____ and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested. (If you are a current/former employee of Metro Government or its predecessors, you must complete this form as well. Your signature authorizes Human Resources to allow the hiring agency to review your personnel file and releases them from any and all liability of damages for providing the information released.)

Full Name _____

Other Names Known By _____ **Social Security Number** _____

Position Held _____ **Average number of hours worked per week** _____

month day year month day year

Employment Dates _____ / _____ / _____ to _____ / _____ / _____

Signature of Applicant (to be signed in ink) _____ **Date** _____

***** **DO NOT WRITE BELOW THIS LINE** *****
We appreciate your response to the questions below. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. Please fax the completed form to 502-574-1041. Thank you.

COMPANY RESPONSE

Are the "Position Held", "Employment Dates" and the "Average number of hours worked per week" correct?

Yes () No ()

If not, please supply correct information:

month day year month day year

Employment Dates: _____ / _____ / _____ **To:** _____ / _____ / _____

Position Held _____ **Average number of hours worked per week** _____

Name (Please Print)

Title

Signature

Date