

Applicant Reference Check

Palmetto Breeze
P O Box 2029, 25 Benton Field Road
Bluffton, SC 29910
Phone 843-757-5782 / Fax 843-757-5783
Email: llrta@hargray.com

Date: _____

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate below. This information will not be given to the employee. Please return by fax or mail to HR Department.

Thank You.
Company Name: Lowcountry Reg. Transportation Authority dba Palmetto Breeze

Address: P.O. Box 2029 ▲

City, State, Zip Code: Bluffton, SC 29910

Contact Name, Phone, Fax: Human Resources (p) 843-757-5782 (f) 843-757-5783

To be completed by applicant:

Applicants Name _____ Date of employment From: _____ To: _____

Previous Employer: _____

Address: _____

Contact Person: _____ Phone: _____

I request and authorize the previous employer listed above to complete this reference check.
I release my previous employer and all persons and organization from all claims and liabilities of any nature arising from any information provided pursuant to this request.

Applicants Signature _____ Date: _____

To be Completed by Former Employer:

Dates of Employment: From: _____ To: _____ Rate of Pay: _____
(Weekly, Biweekly, Salary)

Position Title: _____

Responsibilities: _____

Reason for Leaving: _____

Would you Rehire? _____

Safe Driving Evaluation Excellent Good Fair Poor |

Moving Violation 1 2-3 More **Accident (s)** 1 2-3 More

Absentee, Attendance, On Time Evaluation Excellent Good Fair Poor

Additional comments (training, skills, etc.) _____

Checked by _____	Title _____	Date _____
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