



**PUGET SOUND KIDNEY CENTERS**  
 21309 – 44<sup>TH</sup> Avenue West ♦ Mountlake Terrace, WA 98043  
 Phone: (425) 744-1095 Fax: (425) 744-2375  
[www.pskc.net](http://www.pskc.net)

**REQUEST FOR INTERNAL REFERENCE AUTHORIZATION**

I consent to and authorize PSKC to ask my supervisor, and any of the references I noted in my employment or resume for relevant and pertinent information. I further release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing information.

*(Note: If submitting the application electronically, an electronic signature or typed name will substitute for a written signature.)*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Applicant – Do Not write below this line.**

**REQUEST FOR REFERENCE**

<b>Applicant's Name:</b> _____		
<b>Name of Reference:</b> _____	<b>Title:</b> _____	<b>Phone:</b> _____
<b>Company:</b> _____	<b>Date:</b> _____	

On a scale of 1 to 5, “5” – **exceeds expectation**, “3” - **meets expectation**, and “1” – **does not meet expectation**, how would you characterize the following:

FACTORS RATED	SCALE 1-5	COMMENTS
<b>Work Ethic</b>		
<b>Quality of Work</b>		
<b>Motivation</b>		
<b>Advancement Potential</b>		
<b>Supervisory Skills</b>		
<b>Overall Attitude</b>		
<b>Overall Competency</b>		

Did this person get along well with others?..... Yes  No

Any problems with the applicant's attendance/dependability? \_\_\_\_\_  
\_\_\_\_\_

Given the opportunity, would you rehire this employee?..... Yes  No

If not, why? \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Reference Conducted By:</b> _____ <b>Date:</b> _____
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