

TO: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, am applying for a position with the Duckwater Shoshone Tribe. I hereby authorize the above named party to release information concerning employment in regards to the questions stated below. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information. The Duckwater Shoshone Tribe Administration has my permission to duplicate this authorization for release of information and use the duplicate to inquire into my employment history listed on my application.

Signature

Date

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Work Performance Questions

1. Dates of Employment: _____
2. Position Held: _____
3. Supervisors Name: _____
4. How would you rate his/her work on a scale of 1 to 10, ten being the best and one being the least: _____
5. Ability to work independently: _____ Good _____ Bad _____ Adequate
6. How did he/she work with others _____
7. What were his/her strengths: _____

8. What were his/her areas in need of development: _____

9. Reason for Termination or Resignation: _____
10. Would you rehire this person: _____ Yes _____ No, if no Why: _____

Signed by: _____

Date: _____