



JOANNE M. MAHONEY  
County Executive

# ONONDAGA COUNTY DEPARTMENT OF CORRECTION

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TIMOTHY H. COWIN  
Commissioner

## EMPLOYEE REFERENCE AND DISCLOSURE

Name of Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Previous Employer/  
Direct Supervisor  
\_\_\_\_\_  
\_\_\_\_\_

The above named individual has applied for a position with the Onondaga County Department of Correction. Would you please take the time to answer the following questions, so that we can get an accurate account of his/her past work performance. We appreciate your cooperation.

1. Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Last Title Held: \_\_\_\_\_

Please check  the appropriate box:

	Poor	Below Average	Average	Above Average	Excellent
3. Attendance/Punctuality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communication Skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accuracy/Quality of Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to Deal with Pressure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to Get Along with Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Disciplinary actions:  Yes  No If YES, explain: \_\_\_\_\_

10. Job Recognitions:  Yes  No If YES, explain: \_\_\_\_\_

11. Did he/she ever fail a drug screen test?  Yes  No If YES, explain: \_\_\_\_\_

12. Reason for Leaving:  Quit  Terminated  Other: \_\_\_\_\_

13. Would you Rehire?  Yes  No If NO, please state why: \_\_\_\_\_

14. Other Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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You are hereby authorized to release my employment information regarding the above questions to the Onondaga County Department of Correction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date