



Albie's Food Products, LLC  
1534 O'Rourke Blvd. Gaylord, MI 49735  
989.732.2800 [www.albies.com](http://www.albies.com)

**APPLICANT REFERENCE CHECK CONSENT FORM**

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

The applicant listed above is being considered for employment by Albie's Food Products, LLC and has listed your organization as a current or former employer. Please complete the form below and fax back to our office at (989) 732-3112.

**Applicant's Authorization**

I voluntarily consent to authorize Albie's Food Products, LLC or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that questions may be asked about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment.

It is expressly understood that any information given may be used for the purpose of determining my acceptability for employment with Albie's Food Products, LLC.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**Applicant, please do not write below this line**-----

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

How would you rate the applicant's attendance at work? \_\_\_\_\_

How would you rate the applicant's job performance? \_\_\_\_\_

Why did the applicant leave the company? \_\_\_\_\_

Eligible for Rehire?  No  Yes

\_\_\_\_\_  
Please print name & title of person verifying information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date