

LUTHERAN GOOD SHEPHERD HOME LUTHERAN NURSING HOME

202 S. West Street, P. O. Box 849
CONCORDIA, MISSOURI 64020
www.lutherangoodshepherdhome.org

Paul A. Tebbenkamp
Administrator

TELEPHONE 660-463-2267
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"Our Family Caring For Your Family Is Our Greatest Joy"

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

I am applying for employment at The Lutheran Nursing Home and ask you to provide the information sought below to them to aid in making a decision regarding my application. I ask that you return the form to them in the enclosed self-addressed envelope. I release you from any and all liability for damages resulting from a decision not to employ me except for any damages resulting if you knowingly provide false information or records about me.

A PHOTOCOPY OF THIS AUTHORIZATION WILL BE AS EFFECTIVE AS AN ORIGINAL.

APPLICANT'S NAME _____

APPLICANT'S SIGNATURE _____

SOCIAL SECURITY NO. _____ DATE _____

JOB TITLE(S): _____

DATES OF EMPLOYMENT: _____

	Excellent	Average	Fair	Poor
Ability	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____
Conduct	_____	_____	_____	_____
Attendance	_____	_____	_____	_____

Eligible for Rehire? Yes _____ NO _____

Comments: _____

Signature _____ Title _____

Date _____