

Employment Reference

APPLICANT, PLEASE COMPLETE AND SIGN THIS TOP PORTION AND RETURN THE FORM WITH THE REST OF YOUR APPLICATION. PLEASE COMPLETE THREE (3) FORMS AND INCLUDE THE FAX NUMBER FOR EACH REFERENCE.

Applicant Name: _____ Social Security #: _____

Employer's Name: _____

Address: _____ Fax #: _____

City, State, Zip: _____

I authorize employment information to be released to this company:

Signature: _____ Date: _____

Dear Employer:

The individual above has applied to work for this facility and has submitted your name as a former employer for reference purposes. Due to the serious nature and the responsibility of working in the healthcare industry, it is extremely important for us to perform thorough reference checks. Therefore we would appreciate your cooperation in completing the following questions and returning the form to us as soon as possible. Thank you in advance for your cooperation and assistance.

• Fax completed form to: () _____ - _____

Position(s) Held: _____ Employed From: _____ To: _____

Eligible for rehire: Yes <input type="checkbox"/> No <input type="checkbox"/>	Exceeds Expectations	Meets Expectations	Below Expectations
Quality of Work			
Quantity of Work			
Attendance Habits			
Communicates Effectively			
Demonstrates Competency			
Demonstrates courteous, cooperative, respectful behavior towards co-workers and clients			
Ability to Handle Stressful Situations			
Overall Job Skills			

Additional Comments: _____

Your Name: _____ Title: _____

Signature: _____ Date: _____