

Reference Form

Who should we send this to: _____

Address: _____

Phone: (____) _____

The individual listed below has applied for a position with Complete Private Home Care, Inc.

Name: _____ Social Security Number: ____ - ____ - ____
Last First Middle initial

The position being applied for is: _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERRAL

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of Work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
Overall Rating				

Comments: _____

Applicant's authorization to release information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date _____