Home-Aid Caregivers, LTD - Reference Request

Date:_____ Check Method of gathering reference data: ☐ Verbal ☐ Mail

Name of person giving reference:_____ Facility:_____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____
(Name of Company Representative)

Applicant Release

Applicant _____ _____
Last **First** **MI** **Maiden**

Position held_____

Social Security #_____ Dates Employed: From _____ To _____
Date Date

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

_____ _____
Applicant Signature Date

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1 Please confirm the applicant's employment. From _____ To _____
Date Date

2 Please comment on the applicant's attributes using the following scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable

Quality of Work _____
Knowledge & Skills_____
Reliability & Attendance _____
Cooperation_____
Supervisory Ability & Capacity_____
Grooming_____

3 Please indicate specialty areas in which the applicant has had experience:_____

4 Please indicate any special considerations necessary when giving assignments to this individual:_____

5 Is applicant eligible for rehire? ☐ Yes ☐ No If no, why not?_____

Please attach any additional comments.

_____ _____ _____
Signature Position/Title Date

HCL/00