



### Reference Request

The applicant named below has applied for a position with AmeriCare Home Health and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and in evaluating his/her job performance so that we can maintain our high standards. All information provided will be held in strict confidence. Thank You.

#### TO BE COMPLETED BY APPLICANT

APPLICANT NAME (PLEASE PRINT)

DATE

PREVIOUS EMPLOYER

PHONE NUMBER (INCLUDING AREA CODE)

COMPLETE ADDRESS

CITY

STATE

ZIP CODE

FROM \_\_\_\_\_ TO \_\_\_\_\_

DATES OF EMPLOYMENT

APPROX.#OF HRS. PER WEEK

POSITION (S) HELD

REASON FOR LEAVING

WAGE RATE

I hereby authorize you to disclose all and any information concerning my employment with your firm to AmeriCare. I understand this is in accordance with all applicable Federal and State Laws.

SIGNATURE OF APPLICANT

Date

Does the information below correspond with your records?  YES  NO If No, please give correct information:

Would you rehire this employee?  YES  NO If No, please explain: \_\_\_\_\_

#### EVALUATION:

CRITERIA	ABOVE AVERAGE	AVERAGE	POOR	CRITERIA	ABOVE AVERAGE	AVERAGE	POOR
Attendance				Job Knowledge			
Punctuality				Accepts Supervision			
Dependability				Appropriate Attire			
Quality of Work				Caring Demeanor			

COMMENTS: \_\_\_\_\_

SIGNATURE

TITLE

DATE

Reference Mailed/Faxed Date: \_\_\_/\_\_\_/\_\_\_

Resent Date: \_\_\_/\_\_\_/\_\_\_

Note: \_\_\_\_\_

Telephone Reference Date: \_\_\_/\_\_\_/\_\_\_

Reference Given By: \_\_\_\_\_

Telephone Reference Conducted by: \_\_\_\_\_