

**Reference Request****Ultimate Home Health Care**

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 \_\_\_\_\_

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

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 &amp; Skills \_\_\_\_\_

Reliability &amp; Attendance \_\_\_\_\_

Cooperation \_\_\_\_\_

Competence \_\_\_\_\_

Supervisory ability &amp; 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