Hearts to Home
SENIOR HOME CARE

6340 N. Green Bay Avenue
Glendale, WI 53209
Phone: (414) 352-9040
Fax: (414) 352-9044

CONFIDENTIAL REFERENCE REQUEST

To: _____ Date: _____

_____

_____

I, _____ have applied to This Agency for employment. I hereby release from all liability the company and/or person completing this form, and authorize them to release all information regarding my employment with them.

Employed from: _____ to _____ Position held: _____

Applicant's Signature: _____ Social Security #: _____

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This Agency conducts a complete reference check, prior to hiring, on each applicant for employment. All information you supply is confidential. Any statements you wish to make that would help us determine a placement for this applicant may be entered in the space provided for "Comments." We appreciate your prompt reply.

Authorized Signature: _____ Title: _____

Is the above information correct? ☐ Yes ☐ No If no, explain: _____

Please rate the applicant using the following guidelines.

A = Above average B = Satisfactory C = Unsatisfactory U = Unable to evaluate

	A	B	C	U	Comments
Attendance/Dependability	☐	☐	☐	☐	_____
Quality of Work	☐	☐	☐	☐	_____
Cooperation/Attitude	☐	☐	☐	☐	_____
Common Sense	☐	☐	☐	☐	_____
Technical Ability	☐	☐	☐	☐	_____
Follows Directions (Verbal and Written)	☐	☐	☐	☐	_____
Effective use of time	☐	☐	☐	☐	_____
Personal Habits	☐	☐	☐	☐	_____

Would you rehire? _____ If not, why? _____

_____

Comments: _____

_____

_____ _____ _____

Signature and Title Company Date

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