

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam,

\_\_\_\_\_ SS#: \_\_\_\_\_ is applying to our office as \_\_\_\_\_. Until we have thoroughly checked her/his references and tested her/his ability we cannot permit her/him to work. Please lend us your cooperation in completing the information requested.

I authorize This Home Health Agency, to gather any information concerning my qualification and past performances. Please reply to their questions. I hereby release you from any and all liability

APPLICANT SIGNATURE \_\_\_\_\_

To be completed by Previous Employer:

Position \_\_\_\_\_ Date from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you rehire? Yes \_\_\_ No \_\_\_ If no please advise why: \_\_\_\_\_

PLEASE ADVISE IF: ABOVE AVERAGE, SATISFACTORY, BELOW AVERAGE, OR COMMENTS.

Punctuality & Attendance \_\_\_\_\_

Appearance (Grooming) \_\_\_\_\_

Judgement \_\_\_\_\_

Performance \_\_\_\_\_

Ability to Perform \_\_\_\_\_

Organization of Time \_\_\_\_\_

Compatibility \_\_\_\_\_

Accepts Direction \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Ph \_\_\_\_\_

Print Name: \_\_\_\_\_ Thank you for your courtesy