

Access Home Healthcare Services

5700 Lenore Street Unit A, Fort Worth TX 76134

P: 817-230-3847 F: 817-294-0338

Reference Request

Name of Reference: _____ Phone: _____

Name of Reference Company: _____ Email: _____

"The individual named below is applying for a position in our company 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: _____, Abbey Sunmonu, RN – Director

Applicant: _____

Last

First

MI

Position Held: _____ Date 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: _____

Applicant's Work Ethic, Ability and Performance

Please confirm the applicant's employment dates from _____ to _____

Please comment on the applicant's attributes using the following scale:

4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/ A= Not Applicable

1. Quality of Work: _____
2. Reliability & Attendance: _____
3. Competence: _____
4. Knowledge & Skills: _____
5. Cooperation: _____
6. Supervisory Ability: _____
7. Grooming: _____

Please indicate specialty areas in which the applicant has had

experience: _____

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

Signature

Position/Title

Date