

CONTINUUM CARE HOSPICE

Applicant Reference Check

Applicant's Name _____ Date _____

Reference Source: ! Previous/Current Employer ! School ! Personal ! Church ! Club/Organization:

! Other _____

Name:	
Company:	
Date:	

Known how long?: _____ Last contact: _____

Relationship: _____

Contact Summary

For previous employment complete below:

Was/Is the applicant employed by your company? Yes No

Was/Is the applicant's ending wage \$ _____? Yes No

Were/Are the applicant's dates of employment from _____ to _____? Yes No

What were/is the applicant's responsibilities?

What were/are the applicant's strong points? _____

What were/are the applicant's weak points? _____

Would you rehire the applicant?

Yes No N/A

Why? _____

What was the applicant's reason for leaving, if applicable?

Please rate the applicant's performance

	Above Average	Average	Below Average	Comments
Attendance	!	!	!	_____
Cooperation	!	!	!	_____
Job Knowledge	!	!	!	_____
Initiative	!	!	!	_____
Productivity	!	!	!	_____
Reliability	!	!	!	_____
Quality of Work	!	!	!	_____

Completed By: _____ Date: _____

Applicant Authorization (see also employment application)

Continuum Care Hospice may make an investigation of my history & may verify all data given in my application of employment, related papers, or oral interviews. I allow such investigation & release from liability Continuum Care Hospice and/or any person or company giving or refusing such information.

Applicant Signature _____ Date _____