



REFERENCE REQUEST FORM

Employer: Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_

One of your former/current employees has applied for employment with AHS. We would greatly appreciate your replies to the questions asked in Section B on this form. All information will remain confidential. Thank you for your assistance.

SECTION A

Applicants Name: \_\_\_\_\_ SS# \_\_\_\_\_
Name used while in your employ: \_\_\_\_\_
Position with your company: \_\_\_\_\_
Dates employed with your company: From \_\_\_\_\_ to \_\_\_\_\_
Reason for leaving your company: \_\_\_\_\_

\* I am applying for employment at Angelic Healthcare Services LLC, my signature below authorizes AHS to collect any information regarding my past employment with your company. I also hereby release your company from any and all liability resulting from AHS investigation into my employment history.

X \_\_\_\_\_ X \_\_\_\_\_
Applicants Signature Date

SECTION B

Is the information in Section A correct? Yes \_\_\_ No \_\_\_ If No, please explain: \_\_\_\_\_

Did worker give proper notice? Yes \_\_\_ No \_\_\_ Would you rehire? Yes \_\_\_ No \_\_\_

Performance Review: 1=excellent 2 = good 3= satisfactory 4= fair 5= poor
Use above scale to rate applicants in areas below:

Ability to work with others \_\_\_\_\_ Communication \_\_\_\_\_ Attendance \_\_\_\_\_
Quality of work \_\_\_\_\_ Job knowledge \_\_\_\_\_ Appearance \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_
Signature and Title Date

\*\*\*\*\*

If Reference Checked Over Phone:

Person Giving Reference name: \_\_\_\_\_ Title: \_\_\_\_\_

AHS Name: \_\_\_\_\_ Date: \_\_\_\_\_



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Applicants Signature Date

SECTION B

Is the information in Section A correct? Yes \_\_\_ No \_\_\_ If No, please explain: \_\_\_\_\_

Did worker give proper notice? Yes \_\_\_ No \_\_\_ Would you rehire? Yes \_\_\_ No \_\_\_

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Applicants Signature Date

SECTION B

Is the information in Section A correct? Yes \_\_\_ No \_\_\_ If No, please explain: \_\_\_\_\_

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