



REFERENCE CHECK FORM
Reference #1 of 2

TO: _____

Name of Applicant: _____ SS# _____ has applied for employment with our company. Please assist us in making a decision regarding employment that will best benefit this applicant and our organization by providing the requested information below.

Sincerely, _____ Date: _____

I voluntarily give CAPITOL HOME HEALTH the right to investigate my past and/or present employment and release from all liability or responsibility by all persons, companies, or organizations supplying information.

Applicant Signature: _____

FOR OFFICE USE ONLY: _____ Employment Dates: _____

Eligible for rehire? (circle one) YES NO

Position Held: _____

Final Salary: \$ _____

Reason for termination/separation: _____

Please rate this individual on the basis of his/her employment with you:

Quality of Work: (please circle one) Exceptional Satisfactory Unsatisfactory

Quantity of Work: (please circle one) Exceptional Satisfactory Unsatisfactory

Ability: (please circle one) Exceptional Satisfactory Unsatisfactory

Attendance: (please circle one) Exceptional Satisfactory Unsatisfactory

References Information Provided By: _____ Job Title: _____

Verified by: (circle one) Phone Mail

Verified By: _____ Job Title: _____



Reference #2 of 2

TO: _____

Name of Applicant: _____ SS# _____ has applied for employment with our company. Please assist us in making a decision regarding employment that will best benefit this applicant and our organization by providing the requested information below.

Sincerely, _____ Date: _____

I voluntarily give CAPITOL HOME HEALTH the right to investigate my past and/or present employment and release from all liability or responsibility by all persons, companies, or organizations supplying information.

Applicant Signature: _____

FOR OFFICE USE ONLY: _____ Employment Dates: _____

Eligible for rehire? (circle one) YES NO

Position Held: _____

Final Salary: \$ _____

Reason for termination/separation: _____

Please rate this individual on the basis of his/her employment with you:

Quality of Work: (please circle one) Exceptional Satisfactory Unsatisfactory

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