



**Confidential Business and Personal Reference Request and Verification**

This verification was taken  verbally  written (faxed)

To/Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_

I, (Insert name of applicant) \_\_\_\_\_ have applied to CritiCare Home Health and Nursing Services for employment and have had a face-to-face interview with a CritiCare Home Health and Nursing Services representative. I hereby release from all liability the company and/or person completing this form and authorize them to release all information regarding my employment with them.

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Position Salary: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_

*Do Not Write Below This Line*

CritiCare Home Health and Nursing Services conducts a complete reference check, prior to hiring, on each applicant for employment. All information you supply is confidential. Any statements you wish to make that would help us determine a placement for this applicant may be entered in the space provided for "Comments" or you may call the office for a confidential conversation. We appreciate your prompt reply.

Is the above information correct?  Yes  No If no, explain: \_\_\_\_\_  
Job Title held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Please rate the applicant using the following guidelines.

**A = Above Average**

**B = Satisfactory**

**C = Unsatisfactory**

**U = Unable to Evaluate**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>U</b>	<b>Comments</b>
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Quality of Work/Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation/Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Technical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows Directions (Verbal and Written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effective Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Team Player/Cooperate with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Works Well with All Types/Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would you rehire?  Yes  No If no, why? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Reference Person's Signature/Name and Title \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: \_\_\_\_\_  
Criticare Home Health and Nursing Services Representative \_\_\_\_\_ Date \_\_\_\_\_