



**TEMAH HEALTHCARE SERVICES, LLC**

**VERIFICATION OF PREVIOUS EMPLOYMENT**

TO: \_\_\_\_\_ Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

I hereby authorize **Temah Healthcare Services, LLC**. to contact all past employers and other individuals, agencies or entities concerning the information I have supplied and waive, release and hold harmless such individuals, agencies or entities from any claims arising from the information they may supply **Temah Healthcare Services, LLC**.

Applicant's Name & Signature: \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_

The above applicant has applied for employment with us. Your evaluation will be greatly appreciated.

\_\_\_\_\_  
Staff Recruiter \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER**

1. Job Title: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_
2. Applicant's personal qualifications, skills and personal habits such as to render him/her a desirable employee \_\_\_\_\_
3. Would you rehire \_\_\_\_\_

**EVALUATION (Check all that apply)**

	Excellent	Good	Fair	Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance under Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name, Title & Signature of the person completing \_\_\_\_\_ Date \_\_\_\_\_