Reference Check Form

Applicant Name:_____   Checked by: _____

Date:_____   Dept: _____

Position:_____   PAF#_____

1. Can you confirm that [EMPLOYEE NAME] worked at [COMPANY NAME]? Dates_____to _____.
2. What position did he/she hold in your company? Duties?
3. Please describe the quality of his/her work?
   Is person gets along well with patients, families, supervisors? Can you identify any area for improvement?
4. What was the applicant's reason for leaving the company?
   Would be eligible for rehire?   Yes/No Comment why if no?

Reference 1: Name:_____   Contact#: _____

Company/ Position: _____[ ]Supervisor;   [ ]Personal

1.

2.

3.

4.

Reference î: Name: _____   Contact #: _____

Company/ Position: _____[ ]Supervisor;   [ ]Personal

1.

2.

3.

4.

Reference ï: Name: _____   Contact #: _____

Company/ Position: _____[ ]Supervisor;   [ ]Personal

1.

2.

3.

4.