



REFERENCE INFORMATION REQUEST

I, _____, have applied to Boca Home Health for a position as a _____ . I authorize you to complete the form below as an employment reference so my application may be processed.

Signature of Applicant _____ Date _____

STOP STOP STOP-- OFFICE USE ONLY (DO NOT WRITE BELOW) -- STOP STOP STOP

CONTACT INFORMATION FOR REFERENCE/PREVIOUS EMPLOYER

Name of Agency: _____

Supervisor's Name: _____

Telephone Number: _____ Fax Number: _____

I was employed by you from _____ to _____ as a _____

THE FOLLOWING IS TO BE COMPLETED BY FORMER EMPLOYER/REFERENCE ONLY:

Are the above dates of employment correct? Yes _____ No _____
 If No, please explain: _____

Would you rehire this employee? Yes _____ No _____
 If No, please explain: _____

PLEASE RATE THE EMPLOYEE ON THE FOLLOWING:	EXCELLENT	VERY GOOD	GOOD	POOR
Job Skills				
Job Knowledge				
Initiative				
Attendance				
Punctuality				
Ability to work with others				
Judgment				
Honesty				
Ability to accept direction				
Grooming and Appearance				

COMMENTS: _____

PRINTED NAME OF FORMER EMPLOYER _____

TITLE OF FORMER EMPLOYER _____

SIGNATURE OF FORMER EMPLOYER _____

DATE _____