

Reference Request

Silver-Spring Healthcare Services

Date: _____ Check method of gathering reference data: Verbal Mail

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in Advance: _____
(Name of Company Representative)

Applicant Release

Applicant: _____
Last First MI Maiden

Position Held: _____

Social Security # _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature

Date

1. Please confirm the applicant's employment. From _____ To _____
Date Date

2. Please comment on the applicant's attributes using the following scale:

4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable

Quality of Work: _____

Knowledge & Skills: _____

Reliability & Attendance: _____

Cooperation: _____

Competence: _____

Supervisory Ability & Capacity: _____

Grooming: _____

3. Please indicate specialty areas in which the applicant has had experience: _____

4. Please indicate any special considerations necessary when giving assignments to this individual: _____

5. Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

Signature

Position/Title

Date