

ASSOCIATE REFERENCE CHECK

Reference Name: _____ Phone: _____

Facility Name: _____ Area Worked: _____

Reference Address: _____ City: _____ State: _____ Zip: _____

The applicant listed below has given Right at Home permission to request reference information from you. Please answer the following questions and be assured your answers will be held in the strictest of confidence.

Associate Name: _____ Social Security Number: _____ - _____ - _____

Position(s) Held: _____

Dates of Employment: From _____ to _____ Was Employment Continuous? Yes No

Applicant Signature: _____

Are these the correct dates of employment? Yes No If No, give correct dates: _____ to _____

Is the position held listed correctly? Yes No If No, give correct title: _____

| Performance Evaluation | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Unacceptable | Below Average | Average | Above Average | Exceptional |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Punctuality | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Compatibility with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to accept direction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job knowledge | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Quality of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you consider this person eligible for rehire? Yes No If No, why? _____

Would you recommend this person for employment with our company? Yes No

Additional Comments: _____

 (Signature) (Printed Name and Title) (Date)

Please tape, do not staple



In Home Care & Assistance

Your Address
Here

RIGHT AT HOME
Your Address
Here

Please tape, do not staple

