

To: Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

To assist me in securing employment with Hoosier Homecare Services, I hereby authorize you to supply this Company with the information requested below. In consideration of your help, I hereby waive any claim against you regarding such information.

I have told Hoosier Homecare Services that I was employed by you from _____ to _____.

I would appreciate your filling in the blanks below and returning this form directly to the company.

Applicant's Signature _____

SSN _____ Date _____

Did this person work for you as indicated above? _____ Yes _____ No

Type of work performed: _____

Were duties performed satisfactory? _____ Yes _____ No

Scale:

E-Excellent	G-Good	A-Average	S-Satisfactory	U-
Unsatisfactory				
_____ Clinical Competency	_____ Quality of Performance	_____ Personal Appearance		
_____ Punctuality	_____ Attitude	_____ Cooperation		
_____ Attendance	_____ Dependability	_____ Knowledge		
_____ Personality	_____ Honesty	_____ Emotional Stability		

Overall rating _____

Fields of experience _____

Reason for leaving _____

Remarks _____

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Employee (Please print)

_____ Title _____

Signature _____ Date _____

Please return to Company in the attached envelope or Fax to 765-622-1002