



REFERENCE REQUEST

DATE: _____

I have applied to ADL HOME CARE, INC., for employment and I desire that they be fully advised of my employment record with your organization.

I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization and I hereby release you any and all liability of damages for providing the information requested.

Signature of Applicant

Signature of Witness

TO BE COMPLETED BY APPLICANT

APPLICANT NAME _____	SSN _____
FORMER EMPLOYER _____	POSITION _____
ADDRESS _____	CONTACT _____
_____	PHONE # _____
EMPLOYMENT DATES _____ TO _____	REASON FOR LEAVING _____

TO BE COMPLETED BY REFERENCE

We appreciate your reply to the following questions. All information will be made in strict confidence for our own use and benefit without prejudice or liability on your part.

The above information is Correct Incorrect

If incorrect, please note any discrepancies _____

Evaluation (Excellent, Good, Fair, Poor):

ABILITY _____ **PERFORMANCE** _____ **COOPERATION** _____

ATTENDANCE _____ **INITIATIVE** _____ **PERSONALITY** _____

Would you re-employ? yes no N/A

If no, please explain: _____

Additional comments: _____

Date _____ **Signed** _____ **Title** _____