



## REFERENCE CHECK CONSENT FORM

I, \_\_\_\_\_ (applicant's name) give permission to ABC Home Healthcare Professionals to contact the persons listed below for the purpose of obtaining reference information. These individuals are aware that they will be contacted to provide details about my current and/or past employment. I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, character, rehire potential, dates of employment, salary and employment history.

By providing such authorization, I understand and agree that I release ABC Home Healthcare Professionals from any and all claims or potential claims I may have regarding any and all information released to or by ABC Home Healthcare Professionals and regarding any employment decisions made about me on the basis of such information.

Please provide accurate information on the job title and organization where you and the reference worked at together.

Reference 1: Reference must be from your most recent employer. Please indicate your most recent supervisor/manager that you directly reported to, unless another arrangement has been approved by Human Resources. Colleagues and non-direct reporting managers will not be accepted as references.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I reported to this person/they reported to me at: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ (Insert Organization)  
(mm/yyyy) (mm/yyyy)

Reference 2: Please include a supervisor/manager that you reported to, unless told otherwise.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I reported to this person/they reported to me at: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ (Insert Organization)  
(mm/yyyy) (mm/yyyy)

Reference 3: \*\* This person will only be contacted should another reference be required\* \*

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I reported to this person/they reported to me at: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ (Insert Organization)  
(mm/yyyy) (mm/yyyy)

By signing below, I certify that the reference information contained above is true and to the best of my knowledge. If the references cannot be contacted, I may be asked to provide additional references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employment Reference Request



To:

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Date: \_\_\_\_\_

The individual named below has applied for employment with ABCHHP and has provided your name as a reference. Please complete this questionnaire and return to me at your earliest convenience. Your prompt response will be greatly appreciated. Please contact me if you have questions at 781-914-3273 or fax: 781-245-3280.

*Christine LoPilato, Human Resources*

### Applicant's Authorization:

*I, \_\_\_\_\_, hereby authorize the release of any information concerning my employment record, including reason for termination, job performance, abilities and other qualities pertinent to employment. I hereby release all parties and ABCHHP from all liability.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Name of Applicant: \_\_\_\_\_ Position applied for: \_\_\_\_\_

### Reference Information

Your relationship to applicant: \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ End: \_\_\_\_\_

Position: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time: \_\_\_\_\_ Per Diem: \_\_\_\_\_

Applicant's reason for leaving \_\_\_\_\_

<b>Performance/Traits</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Quality of Work				
Dependability & Attendance				
Competency & Performance				
Honesty				
Professional Conduct				
Attitude & Initiative				

Would you re-hire this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ Why not? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of individual providing reference: \_\_\_\_\_