

Village Home Care LLC 2760 SE 17th Street Bldg 100 - Suite 101 Ocala, FL 34471 P: 352-873-8300 F: 352-368-9887	EMPLOYEE REFERENCE FORM				
	To: _____				
	Employer: _____				
	Address: _____				

	Phone: _____				
Fax: _____					

TO BE COMPLETED BY APPLICANT:

I have applied for a position with _____. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you reply to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment with you. Thank you for your assistance.

Applicant's Name: _____
(Include Maiden name if used for prior employment)

Applicant's Signature: _____

Position Applied for: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Dates of Employment: From: _____ To: _____

Position(s) Held: _____

PLEASE CIRCLE APPROPRIATE RATING:

	Above Average		Satisfactory	Below Average		Comments
Punctuality & Appearance	5	4	3	2	1	
Appearance (Grooming)	5	4	3	2	1	
Honesty	5	4	3	2	1	
Judgement	5	4	3	2	1	
Job Knowledge	5	4	3	2	1	
Performance Duties	5	4	3	2	1	
Organization of Time	5	4	3	2	1	
Ability to Accept Direction	5	4	3	2	1	
Compatibility with Co-Workers	5	4	3	2	1	

Reason for Leaving: _____

Would you rehire: Yes ____ No ____ If not, why? _____

Information supplied by: _____

Title: _____ Date: _____