

**A WATCHFUL EYE HOMECARE AGENCY, LLC.**

**EMPLOYMENT REFERENCE CHECK FORM**



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

To: \_\_\_\_\_

Tel: \_\_\_\_\_

The individual below has applied for employment with A Watchful Eye Homecare Agency, LLC. Your name was given as a reference. Please help us give this person fair consideration by answering the questions below. Any information you provide will be kept confidential. Thank you for your assistance.

\_\_\_\_\_  
Representative

**For Applicant's Use Only**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Dates Employed: From** \_\_\_\_\_ **To** \_\_\_\_\_

**I hereby authorize the following information be released to A Watchful Eye Homecare Agency, LLC.**

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

Do the above employment dates correspond to your records?       YES       NO  
 Does the above position correspond to you records?       YES       NO  
 Subject to rehire?       YES       NO  
 If no, why not? \_\_\_\_\_

Please comment on the applicant's following attributes:

	<b>Exceptional</b>	<b>Excellent</b>	<b>Average</b>	<b>Poor</b>	<b>Unsatisfactory</b>
Ability to work well with others					
Accurate and thorough documentation					
Adaptability to patient assignment					
Attendance and Punctuality					
Clinical skills					
Communication skills					
Dependability					
Integrity					
Quality of work					

**General Comments:** \_\_\_\_\_

**Name of Respondent** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Relationship to the Applicant** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return to:** A Watchful Eye Homecare Agency, LLC.  
 2343 York Road  
 Timonium, MD. 21093