



REFERENCE CHECK FORM

APPLICANT AUTHORIZATION

Name of the Applicant: _____ SS#: _____

Position Held: _____ Dates of Employment: _____ to: _____

Present/Former Employer/Individual Name: _____

Full address of Employer: _____

Employer Phone: _____ Fax Number: _____

By signing below, I authorize Ritechoice Healthcare Services, Human Resources Department to contact my current and former employer(s) to obtain references and other information about my employment, including but not limited to: Attendance, Performance, Reason for separation, Dates of employment, Position held, Eligibility for rehire, and final salary.

I also authorize my current and former employers to respond to such requests for information and I release all persons from any and all claims and liability which may arise from the release of such information.

Applicant Signature: _____ Date: _____

(Do not write below this line)

ASSESSMENT OF WORK ETHIC

	Excellent	Good	Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligible for Rehire	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Dates of Employment: From: _____ to: _____			

Telephone Inquire spoke with _____

Reference Check Completed by: _____ **Date:** _____

Mail/Fax and Date: - _____ **Received Date:** _____