AGELESS HEALTHCARE

EMPLOYMENT REFERENCE FORM

To:_____
Company Name:_____
Company address:_____
Phone:_____
Applicants Name:_____
Position applying for:_____
Employed from: _____ to: _____

I hereby authorize Ageless Healthcare LLC to contact all past employers and other individuals, agencies, or entities concerning the information I have supplied and waive, release and hold harmless such individuals; agencies or entities from any claims arising from the information they may supply A+ Believers Choice.

Applicants signature:	Date:

The above applicant has applied for emp[loyment with us. Your evaluation will be greatly appreciated.

Staff recruiter:	Date:

TO BE COMPLETED BY PREVIOUS EMPLOYER

Job title:	Reason for leaving:
Are the applicant's personal qualifications, skills and personal habits such as to render him/her a desirable employee? ☐ Yes ☐ No	
Did the applicant resign or was he/she terminated? ☐ Resign ☐ Terminated Eligible to rehire? ☐ Yes ☐ No	

Personal Evaluation	Very good	Satisfactory	Fair	Poor
Quality of work	☐	☐	☐	☐
Flexibility	☐	☐	☐	☐
Attitude	☐	☐	☐	☐
Emotional Stability	☐	☐	☐	☐
Adaptability to work under pressure	☐	☐	☐	☐
Dependability/ Attendance/ Punctuality	☐	☐	☐	☐
Cooperation/Ability to get along with others	☐	☐	☐	☐

Signature of Previous Employer:
Notes: