



## EMPLOYMENT REFERENCE FORM

Name of Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

The person whose signature appears beneath mine has applied Best of Best HomeCare, Inc. for employment and has submitted your name as a former employer for reference purposes. The serious nature of our responsibility to our clients is such that any consideration of the individual by Best of Best HomeCare, Inc. is dependent upon receipt of satisfactory references. We would, therefore, appreciate your cooperation in replying to the questions below. Please be assured that your response will be kept in the strictest confidence. Thank you in advance for this courtesy.

\_\_\_\_\_  
Agency Representative

**I hereby authorize you to fulfill the above request for information.**

\_\_\_\_\_  
Applicant's Signature

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position held in your employ \_\_\_\_\_ Area worked \_\_\_\_\_

Employment dates from \_\_\_\_\_ to \_\_\_\_\_

Did applicant resign or was he/she terminated \_\_\_\_\_ Eligible for rehire? Yes  No

Reason for leaving \_\_\_\_\_ Was this a travel assignment? Yes  No

### PERSONAL EVALUATION

VERY GOOD

SATISFACTORY

FAIR

POOR

	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				

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

Date _____	<b>For Office Use Only</b> Reference done by _____ _____ Phone _____ Mail _____ Fax _____ Date _____ Initials _____
Signature _____	
Title _____	

**Best of Best HomeCare, Inc.**

5185 Ilchester Woods Way, Ellicott City, Maryland 21043 USA  
1.888.380.7323 | info@bestofbesthomecare.com



## EMPLOYMENT REFERENCE FORM (Copy)

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Date _____ Signature _____ Title _____	<b>For Office Use Only</b> Reference done by _____ _____ Phone _____ Mail _____ Fax _____ Date _____ Initials _____
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## CHARACTER REFERENCE VERIFICATION

Applicant's Name \_\_\_\_\_ Position \_\_\_\_\_

Character Reference Name \_\_\_\_\_ Phone \_\_\_\_\_

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***Please answer all questions and provide additional information as requested***

1. Are you related to the applicant? Yes  No  If yes, please explain \_\_\_\_\_

2. How many years have you known applicant? \_\_\_\_\_

3. In what context have you known applicant (supervisor, colleague, friend, etc) \_\_\_\_\_

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***Please answer all questions to the best of your knowledge***

4. Have you ever had to question the applicants reputation for:

- |                    |                              |                             |                                     |
|--------------------|------------------------------|-----------------------------|-------------------------------------|
| a. Honesty         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| b. Trustworthiness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| c. Diligence       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| d. Reliability     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| e. Good character  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| f. Maturity        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
- 

***Please indicate your overall recommendation for this applicant***

- |   |   |
|---|---|
| <input type="checkbox"/> Highly recommended | <input type="checkbox"/> Recommended, but with reservations |
| <input type="checkbox"/> Recommended        | <input type="checkbox"/> Not recommended                    |
- 

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

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### **For Office Use Only**

Results \_\_\_\_\_

Date Checked \_\_\_\_\_  By Phone  By Mail  By Fax

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

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