

APPLICANT: PLEASE COMPLETE THIS BLOCK ONLY.

Applicant's Name: _____
(PLEASE PRINT)

I give my permission for the following employer to provide this information to the company.

Signature: _____ **Date:** _____

Previous Employer: _____

Address: _____

Position(s) Held: _____ Unit: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Email Address: _____

Dates of Employment: _____ Reason for Termination/Departure: _____

To Whom It May Concern:

The company has a commitment of maintaining high quality standards for our clients. This commitment requires us to employ individuals with demonstrated skills and proficiency levels.

The applicant whose signature appears above has submitted your name as a reference. We would greatly appreciate your assistance in substantiating the qualifications of our applicant. Your responses will be held in strictest confidence.

Thank you in advance for your courtesy and help in this matter.

PLEASE RATE THE APPLICANT UPON THE STANDARDS OF PERFORMANCE EXPECTATIONS FOR THE UNIT.

PERSONAL ATTRIBUTES	Exceeds Standard	Meets Standard	Below Standard
1. Quality of work is technically appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quantity of work is acceptable with appropriate efficiency and adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication, both verbally and written, is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Practices appropriate safety measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Consistent performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adheres to policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the Provider eligible for rehire if need exists? Yes No

Comments: _____

Evaluator's Signature: _____ **Date:** _____

Print Evaluator's Name: _____ **Position:** _____

Dept./Unit: _____ **Phone:** _____

Phone Reference Verified By: _____ Date: _____