

REFERENCE CHECK

APPLICANT AUTHORIZATION

Date: _____

Mail to: _____ Manager Phone _____

Name of Company / Individual

Address: _____

Name of Applicant: _____ SS #: _____

Position Held: _____ Dates of Employment: _____ to _____

PREVIOUS EMPLOYER'S ASSESSMENT

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

If you answered "no" to rehire eligibility or you possess any other pertinent information, positive or negative in regards to the named applicant's ability, character and/or integrity, the signature below gives you the authority to share the information/ Please describe:

I hereby authorize any person, company, or organization to furnish Rescue91 healthcare Services, LLC with the answers to the questions regarding my employment record.

In consideration for Rescue91 healthcare Services, LLC to consider my application for employment, I hereby release all liability created by this inquiry into my employment record, by the communication of the requested information, or by any action taken by Rescue91 healthcare Services, LLC based on that information and from any other claim for relief of any kind and from any and all causes of action which I might otherwise assert based upon said inquiry, communication, or action.

Signature of Applicant: _____ Date: _____

Reference Check Completed by: _____ Date: _____

Telephone Inquiry Spoke with _____

Mailing Date mailed _____

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