

Legacy Home Health & Hospice Reference Check Form

In consideration for Legacy Home Health and Hospice evaluating my application for employment, I give permission for Legacy Home Health and Hospice to contact the person(s) named below in order to complete a reference check. I release Legacy and the persons named below from all liability in connection with seeking information and providing information concerning my employment history. I specifically indemnify Legacy and the person(s) named below from any and all claims of libel or slander arising out of the completion of the Reference Check Form.

Applicant's Signature: _____ **Date:** _____

Social Security Number: _____ **Date of Birth:** _____

Applicants Name: _____

Position Applied For: _____ Dates of Hire: _____

Name of Referral: _____

<i>Please Rate the Following:</i>	Excellent	Good	Fair	Poor
Works as a team member				
Dependable attendance record				
Work Skills				
Attitude and cooperation				
Ability to complete accurate				
Paperwork and meets deadlines				
Ability to accept supervision				

Duties _____

What were his/her strong points? _____

What were his/her weak points? _____

Date of Hire _____ Date of Termination _____

Reason for leaving _____

Did candidate give adequate notice? _____ Yes _____ No

Is this individual eligible for rehire? _____

Other Information: _____

Reference Check Completed By: _____ **Date:** _____