

REQUEST FOR REFERENCE 1

Section 1: filled out by applicant (reference cannot be a relative)

I _____ SS# _____
(Applicant Name)
hereby authorize the individual listed below to release all information pertaining to my present/former employment.

Signature _____ Date _____/_____/_____

Dates of Employment: _____ to _____ Position Held: _____

Reference's Information:

Name: _____ Title: _____
Phone: _____ Email: _____
Address: _____

Section 2: filled out by reference only

The information will be confidential and for our records only.

_____ has applied for employment with Unique Aid Home Care Agency. We appreciate
(Applicant Name)
your time in filling out this form and mailing it back to us in the enclosed (postage paid) envelope or fax to us at 1-888-572-6828.

Position of Employee: _____

Please rate:	Poor	Fair	Good	Excellent
Competent to perform duties				
Integrity				
Attendance				

Are the above employment dates correct in Section 1? No Yes
If NO, please state actual dates of employment from: _____ to _____

Would you rehire this individual? No Yes
If NO, why _____

Relation to Employee (circle): Co-worker / Supervisor / Educator / Other: _____

Signature _____ Date _____

Section 3: filled out by Unique Aid personnel only

Verbal Reference:
Person spoke with: _____ Title _____
Relation to employee: Co-Worker / Supervisor / Educator / Other: _____
Verified dates of employment: No Yes If No, correct dates: _____
Comments: _____
Date: _____ Time: _____
Signature: _____ Title: _____ Date: _____

REQUEST FOR REFERENCE 2

Section 1: filled out by applicant (reference cannot be a relative)

I _____ SS# _____
(Applicant Name)
hereby authorize the individual listed below to release all information pertaining to my present/former employment.

Signature _____ Date _____/_____/_____

Dates of Employment: _____ to _____ Position Held: _____

Reference's Information:

Name: _____ Title: _____
Phone: _____ Email: _____
Address: _____

Section 2: filled out by reference only

The information will be confidential and for our records only.

_____ has applied for employment with Unique Aid Home Care Agency. We appreciate
(Applicant Name)
your time in filling out this form and mailing it back to us in the enclosed (postage paid) envelope or fax to us at 1-888-572-6828.

Position of Employee: _____

Please rate:	Poor	Fair	Good	Excellent
Competent to perform duties				
Integrity				
Attendance				

Are the above employment dates correct in Section 1? No Yes
If NO, please state actual dates of employment from: _____ to _____

Would you rehire this individual? No Yes
If NO, why _____

Relation to Employee (circle): Co-worker / Supervisor / Educator / Other: _____

Signature _____ Date _____

Section 3: filled out by Unique Aid personnel only

Verbal Reference:
Person spoke with: _____ Title _____
Relation to employee: Co-Worker / Supervisor / Educator / Other: _____
Verified dates of employment: No Yes If No, correct dates: _____
Comments: _____
Date: _____ Time: _____
Signature: _____ Title: _____ Date: _____