

Reference Check Form

- Phone Reference
 Fax Reference

Reference Evaluated By _____ Date _____

Name of Company _____

Fax Number _____ Phone Number _____

.....has applied for employment with Active Home Care Services as a(n)..... and has indicated that (a) they worked for you and (b) you are willing to provide a reference for them. Please rate the following *Performance Areas* by circling the number best describing their job performance:

PERFORMANCE AREA	Very good	Good	Average	Poor	Very poor	No Comment
	5	4	3	2	1	
ATTENDANCE	5	4	3	2	1	0
RELIABILITY	5	4	3	2	1	0
PUNCTUALITY	5	4	3	2	1	0
WORK QUALITY	5	4	3	2	1	0
INITIATIVE	5	4	3	2	1	0
WORK RATE (Is work completed in time allotted)	5	4	3	2	1	0
INTERPERSONAL SKILLS WITH CUSTOMERS	5	4	3	2	1	0
INTERPERSONAL SKILLS WITH CO-WORKERS	5	4	3	2	1	0
INTERPERSONAL SKILLS WITH SUPERVISORS	5	4	3	2	1	0
ADHEREANCE TO ORGANIZATIONAL POLICY	5	4	3	2	1	0
PLANNING AND ORGANIZATIONAL SKILLS	5	4	3	2	1	0
ABILITY TO WORK INDEPENDENTLY	5	4	3	2	1	0
ABILITY TO WORK AS A TEAM MEMBER	5	4	3	2	1	0

Please comment on their strengths and areas for improvement:

Would you rehire the applicant? YES NO

Upon completion please fax this form to
Fax: 717-963-7832 Questions? Call: 717-963-7956

Signature

Position

Date