

**APPLICANT REFERENCE CHECK (1)**

To Whom It May Concern:

The applicant named below has submitted an application for employment with Absolute Healthcare Services, LLC. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

**To be filled out by applicant:**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by previous employer:**

Date of employment: From: \_\_\_\_\_ to: \_\_\_\_\_ Position Held: \_\_\_\_\_

Would you rehire this individual? Yes \_\_\_ No \_\_\_

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

Rate of Pay: (weekly/biweekly/salary): \_\_\_\_\_ + \_\_\_\_\_

Additional comments (training/skills)

\_\_\_\_\_

**Reference check performed by** \_\_\_\_\_

## APPLICANT REFERENCE CHECK (2)

To Whom It May Concern:

The applicant named below has submitted an application for employment with Absolute Healthcare Services, LLC. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

**To be filled out by applicant:**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

**I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by previous employer:**

Date of employment: From: \_\_\_\_\_ to: \_\_\_\_\_ Position Held: \_\_\_\_\_

Would you rehire this individual? Yes \_\_\_ No \_\_\_

Responsibilities:

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Reason for Leaving:

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Rate of Pay: (weekly/biweekly/salary): \_\_\_\_\_ + \_\_\_\_\_

Additional comments (training/skills) \_\_\_\_\_

**Reference check performed by** \_\_\_\_\_

**EMPLOYEE EMERGENCY CONTACT INFORMATION**

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\*In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\*Please notify Absolute Healthcare Services, LLC immediately if any of the emergency contact information changes.