

HELPING HEART, LLC

Employer Reference Check Form

Name of Applicant: _____ SSN: _____

Employer Name: _____

Person providing reference information: _____ Title: _____

Are / Were you the applicant's immediate supervisor? Yes _____ No _____

If no, what is/was your working relationship to the applicant? _____

Applicant's Title: _____ Description of Duties: _____

1. The applicants dates of employment were from: _____ to _____

2. Is/was applicants work performance satisfactory? Yes _____ No _____

Comments: _____

3. Has/had the applicant's absentee record affected his/her job performance? Yes _____ No _____

Comments: _____

4. Has/had applicant been awarded any commendations, awards or other honors? Yes _____ No _____

Comments: _____

5. Has/had applicant received any disciplinary action? Yes _____ No _____

Comments: _____

6. If applicant is no longer employed with your agency, why did they leave? _____

7. Would you rehire this applicant? Yes _____ No _____

If no, please state why? _____

8. Are you aware of any information that might affect this individual's suitability for employment in a position where they would come into direct contact with persons with disabilities? Yes _____ No _____

If yes, please give specific details: _____

Signature of Person Completing Reference

Date Form Completed