



**Care Plus Home Health  
REFERENCE CHECK**

**To Be Filled Out By Applicant:**

I have made application for employment with the above listed employer. I hereby request and authorize you to furnish the above listed employer with any information concerning my employment record, character, habits, and ability. I do hereby release the addressed entity and all individuals concerned from any claims, suits, and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and the giving of such information.

Print Applicants Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ Date: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DL# \_\_\_\_\_

Company Name of Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Rates of Pay: Start \_\_\_\_\_ End \_\_\_\_\_

**APPLICANTS SIGNATURE:** \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT						TO BE FILLED OUT BY PAST EMPLOYER			
	POOR	FAIR	GOOD	EXCELLENT	YES	NO	AGREE OR DISAGREE WITH PAST EMPLOYEE? Comments	YES	NO
Attendance									
Cooperation									
Job Knowledge									
Initiative									
Productivity									
Reliability									
Quality of Work									
Employment dates correct?									
Pay rates correct?									
Was employee ever a no-show?									
Is applicant eligible for re-hire?									

PAST EMPLOYER  
PLEASE MAIL OR FAX TO:  
CARE PLUS HOME HEALTH  
9828 Northeast 23rd Street  
Oklahoma City, Oklahoma 73141  
(405) 769-2551 FAX (405) 769-6255

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

If the reference check form, after completion, contains information on the medical condition or history of an employee, then it must be maintained in a separate medical file and treated as confidential in accordance with acceptable laws and regulations.