

**HOME ATTENDANT CARE, INC.**  
**1316 King Street, Suite 1**  
**Bellingham, WA 98229**  
**FAX 360/734-5908**

**EMPLOYMENT REFERENCE**

I hereby authorize the release of any information requested on this employment reference. Applicant fills out \* items

\* \_\_\_\_\_ \*  
Applicant's Signature Date

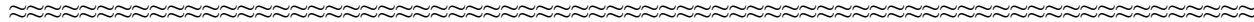
Dear \_\_\_\_\_,

We are a home care agency providing for both short and long-term care. Since our employees have considerable contact with clients, we attempt to hire those most suited to our work environment which is working in the homes of the elderly, handicapped, and convalescing people. A positive attitude, trustworthiness, patience, and good "people" skills are a must! Please be candid in your assessment to assist us in determining if this applicant meets our needs. All information is confidential.

As an equal Opportunity Employer, we base our hiring decisions on job-related criteria without regard to race, age, gender, national origin, religion, marital status, sexual orientation, veteran's status, and mental or physical disability. Thank you for your cooperation.

\*Applicant: \_\_\_\_\_ Other Names Known By: \_\_\_\_\_

\*Position Desired: \_\_\_\_\_ S.S.#: \_\_\_\_\_



Dates in Your Employ: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Is the Above Information Correct?: Yes No If no, please explain: \_\_\_\_\_

Please rate the applicant on the following:

EVALUATION	EXCELLENT	GOOD	FAIR	POOR
Cooperation & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Accept Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude & Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Patients/Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for leaving employment with you: \_\_\_\_\_ Would you Rehire? Yes No

Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Name and Job Title of Person Completing This Form: \_\_\_\_\_

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

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Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude & Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Patients/Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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