AdvancedCare
STAFFING

545 Broadway, 3rd Floor
Brooklyn, NY 11206
☎ 718.305.6700
📠 718.305.6824
www.advancedcarestaffing.com

We take staffing close to heart

REFERENCE CHECK

Name: _____
Employer: _____
Address: _____
_____
Tel: _____

I, _____, have applied for employment with ADVANCED CARE STAFFING, LLC, and have listed you as an employer/supervisor. Please provide answers to the following questions and return this form in the enclosed envelope or fax to the above number. By this authorization, I hereby release you from any liability or action based upon the content of your answers.

_____ _____
Applicant Signature Date

TO BE FILLED OUT BY FORMER EMPLOYER/SUPERVISOR

Job Title: _____ Dates of Employment: _____to _____ Department: _____

Relationship to Applicant: _____ Length of Acquaintance: _____

Competency	Excellent	Very Good	Good	Fair	Poor
Job Knowledge					
Performance					
Dependability					
Initiative					
Judgment					
Cooperation/Teamwork					
Communication					
Attendance					
Attitude					
Adherence to Policy					

Is there anything else you feel we should know about the applicant?

_____

_____

_____

Name of Person completing form: _____ Signature: _____

Title of Person completing form: _____ Date: _____