

Samaritan Services

111 Wood Street
Englewood, NJ 07631
201-568-3781

Work History / Reference Form

Date _____

WORK HISTORY/REFERENCE NAME, ADDRESS

TO: _____

TELEPHONE # _____

Employees Name: _____

Last 4 digits -Soc.Sec# _____ Classification (circle) CMP CHHA RN LPN Other _____

Dates Employed From _____ To _____

I hereby authorize Samaritan Services to request and receive from all prior employers, educators or personal references, any and all pertinent information concerning my prior employment and /or relationship and its termination, including reasons for such termination. Samaritan Services Inc has my authorization to check this reference for one calendar year from the date of my signature below.

PRINT NAME: _____ SIGNATURE: _____ Date: _____

Dear Reference (circle one): **Employer or Educational or Professional**

The applicant listed above has applied for employment with our agency. We have obtained written consent from this applicant to request reference information from you, as indicated above. The furnished reference information will be held in strict confidence.

Thank you for your cooperation.

Director of Nursing

ITEM	OUTSTANDING	EXCELLENT	GOOD	FAIR
Quality of Work Performed				
Knowledge				
Cooperation				
Relationship w/Patient				
Punctuality				
Attendance				
Professional Conduct				
Appearance				

TYPE OF WORK PERFORMED:

REASON FOR LEAVING:

WOULD YOU CONSIDER APPLICANT FOR REHIRE? YES [] NO [] If NO explain

ADDITIONAL COMMENTS:

Completed by Signature

Title

Date

VERBAL REFERENCE:

[] Check box if verbal reference / Name of person spoken to: _____ Title: _____

Verbal completed by Signature

Title

Date