

Hospice of the Golden Isles, Inc.

Pre-employment References

Applicant: Please complete the top portion of this form; we will contact your reference by telephone or fax. Thank You.

Hospice of the Golden Isles, Inc.

Attn: Shontrell Reed
1692 Glyngo Parkway
Brunswick, GA 31525
Fax # 912-289-2045

To:

(Name of Former Supervisor)

(Company Name)

(Address)

(City, State, Zip)

(Telephone)

I, _____, am submitting an employment application to the Hospice of the Golden Isles, Inc. for the position of: _____.

I cannot be considered for employment until my references are on file. Please complete the items listed below and mail or fax this form to Hospice of the Golden Isles, Inc. I hereby authorize you to release all records of employment, including assessments of my job performance, ability and fitness. I hereby release you from all liability of any type as a result of providing the following information to the above-mentioned Company.

(Signature)

(Date)

(Social Security Number)

FORMER EMPLOYER REFERENCE FORM

(Applicant: Do not write below this line. To be completed by former employer.)

1. Dates of employment with your organization: _____
 2. Positions held with your organization: _____
 3. Was the employee's overall performance:
Above Average _____ Average _____ Below Average _____ Poor _____
 4. Was applicant absent: Never _____ Occasionally _____ Repeatedly _____
 5. Was applicant's quality of work: Excellent _____ Good _____ Fair _____ Poor _____
 6. Did applicant accept supervision: Well _____ Average _____ Fair _____ Poor _____
 7. Why did employee leave your company? Resigned _____ Discharge _____ Laid off _____ Other _____
 8. If your policy permitted and if you had a vacancy, would you rehire this person? _____
If no, please explain: _____
 9. Remarks:

- Signature of person completing form: _____ Date: _____