

Caring Hearts Home Health Service, Inc.  
5969 E. Livingston Ave., Suite-110  
Columbus, OH 43232  
Phone: 614-863-6950 Fax: 614-8636957

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**Employment Reference Check**

Name of previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

To whom it may concern:

One of your current or former employees has applied for a position with Caring Hearts Health Services, Inc. Please verify employment by completing this form at your earliest convenience and return it to our office by fax or mail. All information is confidential. Thank you for providing us with this information.

Applicant's Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

This section is to be completed by the former Employer.

Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Evaluation of job knowledge: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
Evaluation of job performance: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
Dependability: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
Punctuality: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Eligible for Rehire?  Y  N

(If you answered no then please explain way below).

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_