

HOME HEALTH AND HOSPICE CARE. . . THERE WHEN YOU NEED US

PERSONAL REFERENCE INQUIRY

Date _____

I hereby authorize the addressed individual, agency, or institution to furnish the Visiting Nurse Association of Erie County with any information they may have concerning me which they have on record or otherwise, and do hereby release the addressed individual, agency, or institution and all individuals connected therewith, including the Visiting Nurse Association of Erie County, from all liability for any damage whatsoever incurred in furnishing such information.

Name _____
(Please print)

Signature of Applicant

Do Not Write Below Line

The above applicant is being considered for employment with our Agency. The applicant has listed you as a reference, and we would appreciate your completing and returning this form to us in the stamped, addressed envelope provided.

Name _____

Street _____

City _____ State _____ Zip _____

How long have you known the applicant? _____

Under what circumstances do you come in contact with the applicant? _____

Any additional comments you wish to make. _____

Signature _____

Date _____



VISITING NURSE ASSOCIATION OF ERIE COUNTY
HOME HEALTH AND HOSPICE CARE... THERE WHEN YOU NEED US

PRIOR EMPLOYMENT INQUIRY

Date _____

Name _____ Social Security # _____
(Please print)

I authorize my former employer to release information concerning my employment to Visiting Nurse Association of Erie County.

Signature of Applicant

Do Not Write Below Line

Company/Organization Name _____
Street _____
City _____ State _____ Zip _____

Employment dates from _____ to _____ Position _____

The information indicated above is correct incorrect . If incorrect, please note any discrepancies _____

We appreciate your replies to the following questions. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. A stamped, addressed envelope is enclosed for your convenience.

EVALUATION

	Excellent	Good	Fair	Poor	Comments:
Ability					
Performance					
Cooperation					
Attendance					
Initiative					
Personality					

Would you re-employ? Yes No If not, please give reason: _____

Signature and Title _____ Date _____