

# EMPLOYMENT REFERENCE CHECK FORM

HUMANE HOME CARE AGENCY  
3235 KENSINGTON AVENUE  
PHILADELPHIA, PA 19134  
Telephone (215) 203-1955 - Fax (215) 203-1966

## EMPLOYEE

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Company \_\_\_\_\_

HR Manager \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Employee Signature \_\_\_\_\_

## DATES OF EMPLOYMENT (COMPLETED BY EMPLOYER)

From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_

Reason for Termination \_\_\_\_\_

How would you rate her overall competence? (Check one.)

Outstanding \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

If you had an opening for which she is qualified, would you rehire her?

Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please state

why. \_\_\_\_\_

Reference Done By \_\_\_\_\_

Position \_\_\_\_\_