

Capital Care

Gentle hearts & hands that love & care

12416 Denley Road
Silver Spring, MD 20906

Telephone: 202-787-0333 or 301-949-0466

Fax: 301-933-2007

Email: Denley_house@yahoo.com

REFERENCE FORM

To: _____

Date: _____

Tel: _____

Fax: _____

The person listed below has applied to Capital Care for employment. This applicant submitted your name as a former employer for reference purposes. We would appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strict confidence. Thank you in advance for your courtesy.

Capital Care Representative

Signature of Applicant

Applicant's name: _____ SSN _____

Position held: _____

Employment date: (from) _____ (to) _____

Reason for leaving: (check one)

___ Applicant Resigned ___ Applicant was a temporary employee ___ Applicant was terminated

Did person give proper notice? Yes no

If no, please explain: _____

Would you rehire? _____

PERSONAL EVALUTATION	ABOVE AVERAGE	SATISFACTORY	NEEDS IMPROVEMENT	POOR
Quantity of work				
Interest and Enthusiasm				
Oral Communication Skills				
Adaptability to Change				
Ability to Handle Stress				
Willingness and Ability to Float				
Punctuality				
Personal Appearance				
Attendance				
Dependability				
Completeness of Assignment				
Written Communication Skills				
Interaction with Management				
Interaction with co-workers				
Interaction with consumers				
Productivity				
Work Quality				
Job Knowledge				
Initiative				

Comments

Signature: _____ Title: _____ Date: _____