



680 Knox Street Suite 125, Torrance CA 90502  
Tel: 310.329.4835 • Fax: 310.329.4894

## Reference Release Form

Applicant Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Current/Former Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

### Applicant's Authorization

I consent to and authorize the above named current/former employer, and its agents and employees, to furnish any and all reference information concerning me, relating to my employment with the company. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above Greater South Bay Home Health from all liability for damages or claims from the disclosure of this information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Record of Employment (To be completed by the Referenced Employer)

The above named applicant is being considered for employment with *Greater South Bay Home Health, Inc.* and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please fax this form back to Human Resources Department at **(310) 329-4894** so that we may appropriately process the application. Thank you for your assistance.

The California Civil Code, Section 47(c) protects you in furnishing us with information concerning the job performance or qualifications of this applicant based on credible evidence and without malicious intent.

Position held: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire?  Yes  No

Please comment on the applicant's attributes using the following rating scale:

**4 = EXCELLENT    3 = GOOD    2 = FAIR    1 = POOR    N/A = NOT APPLICABLE**

Quality of work	_____	Competence	_____
Knowledge and skills	_____	Supervisory Ability & Capacity	_____
Reliability & Attendance	_____	Professional Appearance	_____
Cooperation	_____		

Please indicate any specialty areas on which the applicant has had experience:

\_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Sending Caring Professionals to Your Home*