



REFERENCE CHECK FORM

The applicant whose signature appears below has listed your agency as an employment reference. Please complete the following information at the request of the applicant and return entire form via fax to:

Fax # 330.305.6856

or mail to:

Haven Home Care, Inc.
PO Box 5462
Fairlawn, OH 44334

In compliance with Public Law 93-380 Family Education Rights Act of 1974, records of transcripts, employment, etc. for reference may be released to Haven Home Care, Inc.

Applicant Signature

Date

Applicant Name

Maiden Name / Alias

Dates of Employment: _____ Eligible for rehire? _____

Position Held: _____

Basic Description of Duties: _____

Employer Name _____

By: _____
Signature Title



REFERENCE CHECK FORM

The applicant whose signature appears below has listed you as an personal reference. Please complete the following information at the request of the applicant and return entire form via fax to:

Fax # 330.305.6856

or mail to:

Haven Home Care, Inc.
PO Box 5462
Fairlawn, OH 44334

Applicant Signature

Date

Applicant Name

How long have you known the applicant?

What is the nature of your relationship?

Why do you think the applicant would be a good choice for this position?

Do you know of any reasons that could prevent the applicant from performing the functions of the position?

Information furnished by: _____

Signature: _____

Date: _____

Thank you for your cooperation and prompt response.