## REFERENCE CHECK

| Date of Reference |  | Name of Company | In Trusting Hands Services |
| --- | --- | --- | --- |
| Your Name |  | Name of Reference | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Candidate |  | Title of Reference |  |
| Position Applied For |  | Relationship to Candidate |  |

**PLEASE VERIFY THE FOLLOWING (refer to resume/application)**

|  |  |  |
| --- | --- | --- |
| Previous Job Title |  |  |
| Dates of Employment |  |  |
| Reason for Leaving |  |  |

**PLEASE ELABORATE (site examples as necessary)**

| Quality of Work. |
| --- |
| Initiative/Follow-through (specific examples): |
| Ability to Work with Others (i.e. co-workers, patients): |
| Ability to Handle Stress/Performance Under Pressure: |
| Example of a time where managed a project from start to finish: |
| Response to Supervision: |
| Organizational Ability: |
| Attendance Habits: |
| Strengths: |
| Opportunities for Improvement: |

| Eligible for re-employment (Yes or No) |  |
| --- | --- |

| If no, please explain why: |  |
| --- | --- |