

PROFESSIONAL Reference Request



CONSENT BY EMPLOYEE: _____
(Name used while working at this facility)

Facility Name: _____

Street Address: _____

City, State, Zip: _____

Manager/Supervisor: _____
Name Title Phone Number

APPLICANT: Please complete this reference request by completing the blanks above to correspond with your employment on this application. Please sign and return this form with your application.

The facility listed above has my consent to release any information to Avenue HomeCare, Inc. pertaining to my employment on the application. I also authorize Avenue HomeCare, Inc. to disclose this reference to any of its Client institutions and Avenue HomeCare, Inc. affiliates.

Signature Social Security Number

EMPLOYER: The individual named above has applied for employment with Avenue HomeCare. In order to maintain JCAHO competency standards, we ask that you provide the information requested below. Your response will be held in the strictest confidence. Thank you for your assistance.

EMPLOYEE PROFILE:

Employee's name: _____ Position held: _____

Employed from: _____ to _____

Is employee eligible for rehire? Yes No Unable to disclose

PROFESSIONAL REFERENCE:

KEY: A = Superior B = Exceeds Standards C = Meets Standards D = Does Not Meet Standards

____ Adaptability _____ Professionalism _____ Communication skills
____ Quality of work _____ Competency _____ Reliability/Attendance
____ Initiative _____ Teamwork/cooperation _____ Thorough/accurate documentation
____ Follows safety/emergency protocols

COMMENTS: _____

Name of evaluator: _____ Signature: _____

Title: _____ Phone Number: _____ Date: _____

Avenue HomeCare Rep.: _____ Signature: _____

Title: _____ Date: _____