



**APPLICANT'S REFERENCE CHECKS - PLEASE HAVE YOUR REFERENCES COMPLETE AND FAX
TO: 215-543-3210 or Email to: homecare@TriMEDHealthcare.net**

Name of Candidate: _____ Date: _____

Position Applied for: _____

Name of Reference Giver: _____ Phone No. _____

Email: _____

1. How do you know the candidate? _____

YES	NO
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2. How long have you know the candidatet? _____

3. Has the candidate ever worked in home care? _____

4. Do you about the candidate's work ethics and skills?

5. Is the candidate considered a capable employee?

YES	NO
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6. Do you know about the candidate's work attendance? **Excellent Good Fair Poor**

7. If candidate worked for you did they miss much work? _____ Yes ___ No ___ N/A ___

(i.e. illness, family issues; etc.)? _____

9. Please comment on the candidate's working habits and traits: _____

Circle the correct answer of Yes or No:

- | | |
|-----|----|
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
| YES | NO |
- a. Is the candidate punctual?
 - b. Is the candidate dependable?
 - c. Is the candidate honest?
 - d. Is the candidate trustworthy?
 - e. Is the candidate tactful?
 - f. Does the candidate use good judgment?
 - g. Is the candidate compassionate?
 - h. Does the candidate show initiative?
 - i. Has the candidate got a good attitude?
 - j. Is the candidate a Team Player?
 - k. Does the candidate respect authority?
 - l. Does the candidate need constant supervision?
 - m. Can the candidate handle stress?
 - n. Have you ever had any disciplinary issues with the candidate?

If yes, explain _____

10. What do you feel the candidate's main strengths are? _____

11. What do you feel the candidate's weaknesses are? _____

12. The candidate has applied for a _____ position.

Do you feel the candidate is suitable for it? _____

13. What was the reason the candidate left his/her employment?

14. Would you hire the candidate? _____

15. Do you have any other comments you would like to make: _____

YES	NO
YES	NO
YES	NO
YES	NO

Signature of Reference Giver: _____ Date: _____

Reference confirmation check conducted by: _____ Date: _____

Position: _____