

# AGING EXCELLENCE

*Seniors On The Go®*

## PROFESSIONAL REFERENCE

Having applied for employment at Aging Excellence, I hereby request and authorize any of my former employers and or associates to release information regarding my employment; including date of employment, nature of work performed, results of performance evaluations, history of disciplinary procedures, or if applicable, the reason for termination of my employment.

I have been employed under a different name, i.e.: maiden name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Applicant (print)                      Signature                      Date

TO: \_\_\_\_\_  
Name    Address

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
State/Zip Code                              Phone

The aforementioned individual has applied for employment as a \_\_\_\_\_  
(Position applied for)  
with Aging Excellence.. They have given your name as a reference. Would you please, to the best of your ability, complete the section on page 2 and return the form to our office in the envelope provided.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
President, Aging Excellence                      Date

How long have you known the applicant: \_\_\_\_\_  
In what capacity do you know the applicant (i.e. co-worker, supervisor, etc.) \_\_\_\_\_

Please indicate the rating which you feel best describes the applicant:

	Unsatisfactory	Fair/Good	Very Good	Outstanding
1. Attendance				
2. Quality of Work				
3. Cooperation/ Teamwork				
4. Supervisory Ability				
5. Appearance				
6. Ability to Work Independently				
7. Job Knowledge				

Areas of strength: \_\_\_\_\_

\_\_\_\_\_

Areas needing improvement: \_\_\_\_\_

\_\_\_\_\_

Would you hire this individual? \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If verifying information by telephone please document below the person you talked to, the time and date of conversation)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date