

AGING EXCELLENCE
115 Pleasant Street
Brunswick, ME 04011

Tel (207) 729-0991 Fax (207) 729-0944

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