



**DEDICATED CARE
HEALTH SERVICES**

.....
OPTIMIZING RECOVERY THROUGH
CONSUMER-CENTERED QUALITY CARE
.....

**DEPAUL PROFESSIONAL BUILDING
1160 VARNUM STREET NE, WASHINGTON, DC 20017**

O: (202) 525-1715 | F: (202) 723-1211 | TTY: (202) 525-1715

Email: info@dedicatedcaresupports.com

WWW.DEDICATEDCARESUPPORTS.COM

PERSONNEL HIRE REFERENCE FORM



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REFERENCE FORM

DATE:

TO:

TEL:

FAX:

EMAIL:

The person listed below has applied to Dedicated Care Health Services for employment. This applicant submitted your name as a former employer for reference purposes. We would appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strict confidence.

Thank you in advance for your courtesy.

Dedicated Care Health Services' Representative

Signature of Applicant

Applicant's Name **SSN**

Position Held:

Employment Date: **(From)** **(To)**

REASON FOR LEAVING: (CHECK ONE)

Applicant Resigned _____ Applicant was a temporary employee _____

Applicant was terminated _____ Did person give proper notice? Yes [] No []

If no, please explain: _____

Would you rehire? _____



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PERSONAL EVALUATION	ABOVE AVERAGE	SATISFACTORY	NEEDS IMPROVEMENT	POOR
Quantity of work				
Interest and Enthusiasm				
Oral Communication Skills				
Adaptability to Change				
Ability to Handle Stress				
Willingness and Ability to Float				
Punctuality				
Personal Appearance				
Attendance				
Dependability				
Completeness of Assignment				
Written Communication Skills				
Interaction with Management				
Interaction with co-workers				
Interaction with consumers				
Productivity				
Work Quality				
Job Knowledge				
Initiative				

COMMENTS:

Signature:

Title:

Date: