



Metro 1 Home Healthcare Service, Inc.

Metro 1 Home HealthCare Services Inc.
3010 Bordentown Ave Suite B
Parlin NJ 08859
PH. 732-525-3600 Fax 732-525-0001

APPLICANT REFERENCE CHECK (1)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone _____

_____ Fax Num _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by previous employer:

Date of employment: From: _____ To: _____

Position Held: _____

Would you rehire this individual? Yes No

Responsibilities: _____

Reason for Leaving: _____

Rate Of Pay (Weekly, Bi-weekly, Salary) _____

Additional Comments _____

Reference Given By _____ Reference Check By _____