



# 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 (2)

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 \_\_\_\_\_