**24- Seven Home Health Inc**.
648 S. Barranca Ave.
Covina, CA 91723
Tel: 909-593-0900
Fax: 909-593-1088

# Employment Verification

**Applicant Please Print**

NAME:_____
Last First MI.

COMPANY/EMPLOYER: _____

ADDRESS:_____

TELEPHONE #: _____FAX NO._____

SUPERVISOR NAME:_____POSITION: _____

DATE EMPLOYED FROM:_____TO:_____POSITION HELD_____

In connection with my application for employment, I understand and agree that the Company will seek information as to my character, work habits, job performance, skills and abilities. I authorize my previous employer, reference above to release any and all information relating to my employment. This authorization is valid until I provide written notice otherwise. I acknowledge that a fax or copy of this release shall be valid as the original.

Employee Signature: _____ Date: _____

**********DON'T WRITE BELOW**********

**Dear Employer**: The above named applicant is seeking employment with our company, and has listed your organization as a former place of employment. I accordance with the Release signed by the applicant. Please provide the information requested below. Your responses will be held in the strictest of confidence and will not be released to the applicant. Thank you for your assistance.

Position Held by Applicant: _____Date of employment from: _____ to: _____

Is applicant eligible for rehire? _____ YES _____ NO

Reason for Separation: _____Voluntary Resignation _____Termination ____Temp/Seasonal _____other: _____

| | Superior | Exceeds Standards | Meets Standards | Does not meet Standards |
|---|---|---|---|---|
| **Quality of work performed.** | | | | |
| **Professionalism** | | | | |
| **Communication Skills** | | | | |
| **Adherence to policies and procedures** | | | | |
| **Established priorities** | | | | |
| **Ability to Relate to Patients** | | | | |
| **Ability to relate to staff** | | | | |
| **Ability to change** | | | | |
| **Quality of Documentation(Neatness, Clinical)** | | | | |
| **Attendance Punctuality** | | | | |

Name of Person providing the above information: _____ Date: ___/___/____
Notes:
_____