

EMPLOYMENT REFERENCE REQUEST

Kanawha Hospice Care, Inc.
1143 Dunbar Ave.
Dunbar, WV 25064

In executing this authorization, I give Kanawha Hospice Care Inc. permission to make a thorough investigation of my employment and job performance history. I authorize and release from liability or responsibility all persons, companies, schools and municipalities supplying information regarding this reference request.

Applicant's Signature _____

_____ Date

Applicant Name

LAST	FIRST	M.I.
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SOCIAL SECURITY NO.									
			-				-		
Not required, will be used for systems search.									

The above referenced individual has applied for the position of _____ with our company. We are requesting that you to complete this form and return it to our Human Resources Department using the envelope enclosed. All information provided will be kept confidential. If you have questions or comments you may contact our Human Resources Director at 304-768-8523.

Applicant name if different than stated above: _____

Position(s) held: _____

Dates of employment: _____

Employment Status (i.e. full time, part time, temp, per diem): _____

Reason for leaving: _____

Would you re-employ: Yes No If no, why not? _____

Please rate the applicant on the following:

	Poor	Fair	Good	Excellent
Ethical Conduct				
Quality of Work				
Quantity of Work				
Teamwork				
Initiative				
Comments				

Company Name: _____

Name: _____

Title: _____

Date: _____