

FIRST CALL HOSPICE
 6929 Sunrise Blvd. Suite 180
 Citrus Heights, CA. 96610
 725-2580 Fax 725-2512

TELEPHONE PRE-EMPLOYMENT REFERENCE CHECK

APPLICANT'S NAME _____

POSITION FOR WHICH APPLICANT IS APPLYING _____

I authorize First Call Hospice to make inquiries of my current and past employers, educational institutions and references concerning my employment, the verification of my educational background, and personal character.

I authorize my current or previous employers, educational institutions and all other individuals providing references to respond to verbal and written inquires from First Call Hospice. I hereby release all such persons from any liability and damages incurred as a result of furnishing this information.

Signature of Applicant _____ Date _____

BUSINESS REFERENCE or PERSONAL REFERENCE

Contact Person	_____
Relationship	<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Personal Friend <input type="checkbox"/> Other
Business Name	<input type="checkbox"/> N/A
Address	_____
Phone Number	_____

_____ has applied for employment with First Call Hospice

We would like to verify information provided to us by this applicant. Please confirm and or provide information.

Information provided by applicant:	Reference Please Confirm		
	Yes	No	Other
Applicant identified your company as a previous employer <input type="checkbox"/> N/A			
Dates of employment: <input type="checkbox"/> N/A			
Position: <input type="checkbox"/> N/A			
Would you rehire (If no why _____)			

Any additional comments would be helpful _____

Signature of reference contact supplying information _____ date _____

The information obtained above was per telephone reference check by _____ date _____

The Reference form was mailed to the reference identified above for completion / _____ date _____