

PROFESSIONAL REFERENCE

Having applied for employment at Aging Excellence, I hereby request and authorize any of my former employers and or associates to release information regarding my employment; including date of employment, nature of work performed, results of performance evaluations, history of disciplinary procedures, or if applicable, the reason for termination of my employment.

I have been employed under a dif	ferent name, i.e: mai	den name:	
Applicant to print & Sign authori	zation below:		
Name of Applicant (print)	Signature		//
Office use only:	Digitatore		Bute
TO:			
Name		Address	
		()	
State/Zip Code		Phone	
The aforementioned individual has with Aging Excellence. They have		(Position applied	,
please, to the best of your ability,	complete the section	on page 2 and return the	form to
our office in the envelope provide	ed.		
		/ /	
Aging Excellence Representative	e Signature	Date	

Page 1 of 2

A reference has been a	requested from you.	Please answer the	e following question	S.	
How long have you ki In what capacity do yo	nown the applicant:_ ou know the applica	nt (i.e. co-worker,	supervisor, etc.)		
Please indicate the rat	ing which you feel b	pest describes the a	pplicant:		
	Unsatisfactory	Fair/Good	Very Good	Outstanding	
1. Attendance					
2. Quality of Work					
3. Cooperation/ Teamwork 4. Supervisory					
Ability 5. Appearance					
6. Ability to Work Independently					
7. Job Knowledge					
Areas of strength: Areas needing improv					
Would you hire this ir If no, please explain:		s No			
Additional comments:					
			/		
Signature			Date		
For office use only: (If a document below the p					
Individual Providing I	Information/Title	Time Date Page 2 of 2	AEX Represe	entative Signature	