



THOMPSON
 HOME HEALTH TEAM, LLC
 "SERVICE IS OUR PASSION"
 9 S. NEWSTEAD AVE, ST. LOUIS, MISSOURI 63108

REQUEST FOR REFERENCE

Fax

Phone Reference (*complete the following*)

Thompson Home Health Team LLC - OFFICE USE ONLY -----	
Date: _____	
Signature and title of Thompson Home Health Team LLC staff member initiating phone reference:	
Title: _____	Signature: _____

Name of representative: _____ Title: _____

Company's Name: _____

Address: _____

Fax number: () _____ - _____ Phone: () _____ - _____
City State Zip

I have applied to Thompson Home Health Team, LLC for a position of Home Health Aide and have given you as a reference. I here by release the company or person name above from all liability and authorization to release all information regarding my employment history.

Applicant's Name: _____

Applicant's Signature: _____ Print Clearly Date: _____

Applicant position _____ from _____ to _____

Is this Correct: ___Yes ___No Employment Date: From: _____ To _____

Please rate the applicant on the following:

Quality of work: ___ Excellent ___ Good ___ Fair ___ Poor

Dependability: ___ Excellent ___ Good ___ Fair ___ Poor

Attitude: ___ Excellent ___ Good ___ Fair ___ Poor

Cooperation: ___ Excellent ___ Good ___ Fair ___ Poor

Honesty: ___ Excellent ___ Good ___ Fair ___ Poor

Reason for leaving: _____

Would you rehire? ___Yes ___No

Remarks: _____

Signature: _____ Title: _____ Date: _____