



IMPERIAL CAREGIVER, 1200 Morris Turnpike Ste 3005, Short Hills, NJ 07078

IMPERIAL CAREGIVERS

REFERENCE FORMS

1200 MORRIS TURNPIKE STE 3005
SHORT HILLS, NEW JERSEY 07078
PHONE (TOLL FREE): (800) 506-7882
FAX (TOLL FREE): (908) 679-5276

Reference Type ( X check one)
o Employer
o Educational
o Professional (Example: Clergy, Doctor, Attorney, etc.)
Note: NO PERSONAL REFERENCE ALLOWED.

TO BE COMPLETED BY APPLICANT

Name of Applicant
Previous Employer
Full Company Address
Previous/Current Supervisor
Dates of Employment
Status: Employee Independent Contractor (I/C) Any Restrictions?

Reason for Leaving Employment

I hereby authorize you to disclose all information concerning my employment to IMPERIAL CAREGIVERS understand this is in accordance with all applicable Federal and State Law. I HEREBY REQUEST AND AUTHORIZE THE AGENCY TO REQUEST AND RECEIVE FROM ALL PRIOR EMPLOYERS WITHIN ONE YEAR OF THE DATE OF APPLICATION, ANY AND ALL PERTINENT INFORMATION CONCERNING MY PRIOR EMPLOYMENT AND ITS TERMINATION, INCLUDING THE REASONS FOR SUCH TERMINATION. I AGREE TO HOLD HARMLESS THESE PERSONS OR ORGANIZATIONS, THEIR OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS, OF LIABILITY, CLAIMS, DAMAGES OR DEMANDS OF ANY NATURE ARISING FROM OR RELATED TO THE INVESTIGATION OF INFORMATION CONTAINED IN MY APPLICATION.

POSITION APPLIED FOR:

APPLICANTS SIGNATURE X DATE X

The applicant listed above has applied for a position with IMPERIAL CAREGIVERS . As a previous or current employer, we would greatly appreciate your assistance in verifying the applicant's employment. In addition, please fill in the evaluation of his/her job performance using the boxes below. All information provided to IMPERIAL CAREGIVERS will be held in strict confidence. Thank you for your assistance. (DO NOT WRITE BEYOND THIS LINE) FOR OFFICIAL USE ONLY

Does the information provided correspond with your records? YES NO

If no please give correct information

Is this employee eligible for re-hire? YES NO

Table with 5 columns: Criteria, Excellent, Good, Average, Poor. Rows include Attendance, Punctuality, Job Knowledge, Quality of Work, Adhere to Company Policy, Caring Demeanor, Accepts Supervision, and Comments.

Name of Facility / Company

Supervisor

TELEPHONE VERIFICATION DOCUMENTATION

Date of Call: / / Agency Representative

Person Contacted Title

Notes

Signature of Agency Representative:



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**TO BE COMPLETED BY APPLICANT**

Name of Applicant \_\_\_\_\_ S.S. # \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Tel # \_\_\_\_\_  
Full Company Address \_\_\_\_\_ Fax # \_\_\_\_\_  
Previous/Current Supervisor \_\_\_\_\_ Hours per week \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Status: Employee \_\_\_\_\_ Independent Contractor (I/C) \_\_\_\_\_ Any Restrictions? \_\_\_\_\_

Reason for Leaving Employment \_\_\_\_\_  
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POSITION APPLIED FOR: \_\_\_\_\_

APPLICANTS SIGNATURE **X** \_\_\_\_\_ DATE **X** \_\_\_\_\_

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Does the information provided correspond with your records?  YES  NO

If no please give correct information \_\_\_\_\_

Is this employee eligible for re-hire?  YES  NO

Criteria	Excellent	Good	Average	Poor
Attendance				
Punctuality				
Job Knowledge				
Quality of Work				
Adhere to Company Policy				
Caring Demeanor				
Accepts Supervision				
Comments				

Name of Facility / Company \_\_\_\_\_

Supervisor \_\_\_\_\_

TELEPHONE VERIFICATION DOCUMENTATION

Date of Call: \_\_\_ / \_\_\_ / \_\_\_ Agency Representative \_\_\_\_\_

Person Contacted \_\_\_\_\_ Title \_\_\_\_\_

Notes \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_