



## 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)

- ☐ Employer
- ☐ Educational
- ☐ Professional (Example: Clergy, Doctor, Attorney, etc.)

Note: NO PERSONAL REFERENCE ALLOWED.

### 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 \_\_\_\_\_

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

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: \_\_\_\_\_



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