I AM UNIQUE
SPECIAL CARE AND CASE MANAGEMENT
A HOME CARE AGENCY CO-OP

4318 Bland Rd.
Raleigh, NC 27609
Phone: 919-981-0790 ● (800) 566-8648
FAX: 919-981-0135

Let your light so shine before men, that they may see your good works, and glorify your father which is in heaven" Matthew 5:16

REFERENCE REQUEST

_____ _____ _____
Company Name Phone Date

_____ _____
Supervisor/Reference Name Title

_____
Address City State Zip

_____ was employed by you from _____ to _____.

He/She has applied to us for employment for the position of _____ and furnished your name as a reference. We would greatly appreciate your time in providing us the information below.

Thank you.

I hereby authorize the release of any information on this form.

_____ _____
Applicant's Signature HR Signature

----------**DO NOT WRITE BELOW THIS LINE** ----------

Standards Rating: 1 = Exceeds, 2=Meets, 3=Needs Assistance, 4=Below, 5=N/A

Job Knowledge _____
Dependability _____
Cooperation _____
Initiative _____
Appearance _____

Applicant's Job Title: _____

Responsibilities: _____

_____

Would you rehire? Yes _____ No _____ If No, please comment: _____

_____

_____ _____ _____
Signature Title Date

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