



EMPLOYMENT REFERENCE

The person named below has applied for employment with ATC and has listed you as a previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information will be kept CONFIDENTIAL.

APPLICANT RELEASE

APPLICANT: _____
 LAST NAME FIRST NAME MIDDLE OTHER

COMPANY/FACILITY: _____ JOB TITLE: _____

FACILITY ADDRESS: _____

SUPERVISOR NAME _____ SUPERVISOR PHONE # _____

SOCIAL SECURITY NO: XXX-XX-_____ DATES EMPLOYED: FROM: _____ TO: _____

EMPLOYMENT REFERENCE RELEASE

I authorize the person or company completing this form to release all information (including opinion information) regarding my employment with them. I hereby release and hold harmless any individual, or company which is providing this information, both factual and opinion to ATC, and ATC Healthcare Services, Inc., its representatives and agents, from any legal liability for any damages that may result from the disclosure of this information.

 APPLICANT SIGNATURE

 DATE

EMPLOYER RESPONSE

1. Does the employment dates above correspond with your records? Yes No If not, please correct dates

Comments: _____

2. Is there anything in the individual's work history that would pose a threat to patient safety? Yes No

Comments: _____

3. Was this person ever disciplined for work related conduct/incidents? Yes No

4. Would you rehire this employee? Yes No

Please check the appropriate boxes:

	Exceeds Standards	Meets Standards	Needs Improvement
Clinical Competency			
Attitude & Cooperation			
Attendance & Punctuality			
Good Communication Skill			

Reason for Leaving: _____

Responsibilities and Duties: _____

Comments: _____

Signature: _____ Title: _____ Telephone #: _____

Company/Facility: _____

Telephone Reference By: _____ Date: _____