

Human Resource Department for: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ has applied for employment as a  
\_\_\_\_\_

at Schowalter Villa. We ask that you verify and complete this form at your earliest convenience and return it to our office. The information provided by you will be held in the strictest confidence.

Thank you for your assistance with this reference form.

Respectfully,

\_\_\_\_\_  
Patty Wedel

I release my former employer, Schowalter Villa and their agents and employees, from any liability or claims I may have which arise or result from any reference provided pursuant to this authorization or any authorized disclosure there of.

I authorize my former employer(s) to release any and all information regarding my past employment.

\_\_\_\_\_  
Applicant's Signature Date \_\_\_\_\_

**Former or Current Employer**

Name of Applicant: \_\_\_\_\_

Former Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ to \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Eligible For Rehire: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no please explain: \_\_\_\_\_

Was Quality and/or Quantity of Work an issue? Yes: \_\_\_ No: \_\_\_

Explain: \_\_\_\_\_ Was

Attendance and/ or Dependability an issue? Yes: \_\_\_ No: \_\_\_

Explain: \_\_\_\_\_

Was interaction between Residents and/or Staff an Issue? Yes: \_\_\_ No: \_\_\_

Explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_