

HOME HEALTH SERVICES by THE THORNE GROUP, INC.

302 North 5th Street Youngwood, PA 15697

REFERENCE CHECK FORM

Applicant, _____, Date: _____
has applied for a _____ position with **THE THORNE GROUP, INC.** We would appreciate your assistance by completing Section B, below and returning this form as soon as possible in order that we may complete our selection process. Your response will be treated as strictly confidential. Thank you.

Paula Pelerosse, Roxanne Scott - Human Resources – The Thorne Group, Inc.

SECTION A: TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Applicant to complete Section A, providing reference name, address, phone and your signature for release of information.

Former/Current Employer _____ Phone _____
Address _____
City : _____
State _____ Zip _____

I, (applicant) _____, hereby consent to the release of information requested in
Signature
Section B, below, for the purposes of potential employment.

SECTION B: REFERENCE **Phone** **Written**

Applicant's Name _____ SS# _____

Dates in your employ: From _____ To _____

Position held: _____

Please rate the applicant on the following items:

| | EXCELLENT | VERY GOOD | AVERAGE | FAIR | POOR |
|------------------|-----------|-----------|---------|------|------|
| Quality of Work | | | | | |
| Quantity of Work | | | | | |
| Attendance | | | | | |
| Cooperativeness | | | | | |
| Neatness | | | | | |
| Other | | | | | |

Rev.11/07

Would you rehire? Yes No

Reference Name: _____ **Date:** _____