



230 N. Main Street, Spring Valley, NY 10977 Phone: (845) 363-8140 Fax: (845) 363-8141

WORK REFERENCE

Name: _____

Agency/ Company Name: _____

Phone: _____ Fax: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

The undersigned has applied for employment with our company and authorizes you to provide information concerning past performance under the provisions of the Privacy Act of 1974. All information is kept confidential.

APPLICANT NAME: _____ S.S.# _____

DATE: _____ APPLICANT SIGNATURE: _____

THANK YOU, MARQUIS HOME CARE

Please, do not complete anything below this line

Please complete and sign

EMPLOYMENT DATES: From _____ To _____ POSITION: _____
month/yr. month/yr.

REASON FOR LEAVING: _____

WOULD YOU REHIRE? YES NO

SKILLS

GENERAL

	satisfactory	unsatisfactory		satisfactory	unsatisfactory
Turning and positioning			Attendance		
Ambulation, Assisted			Quality of Work		
Transfers			Job Knowledge		
Bed Bath			Cooperation		
Tub/Shower			Dependability		
Skin Care			Appearance		
Oral Hygiene			Stability		
Bed Pan/Urinal			Assist with Dressing		
Prepare & Serve Meals			Assist with Medication		
Light Housekeeping					

COMMENTS: _____

SIGNATURE: _____

DATE: _____

POSITION OR TITLE: _____