

REFERENCE FORM

Applicant: Please complete the information in the box below and return it to your Continuum Rehabilitation Representative for follow-up with a phone call.

<hr/> Applicant Name	<hr/> Applicant Signature
<hr/> Name and phone # of person providing reference	
<hr/> I have applied for employment with Continuum Rehabilitation and authorize the above named person to provide information regarding my performance while in their employment.	

Verification of Employment

Description of relationship between person providing reference and applicant:

Dates of employment: From: _____ To: _____
Place of employment: Facility / Agency name: _____
Address: _____
City/State/Zip: _____
Position held while employed there: _____
Eligible for rehire: Yes No Unable to comment or not noted

Personal Evaluation

Please check the appropriate boxes to best describe the applicant's performance while under your employment:

	Excellent	Very Good	Satisfactory	Unsatisfactory
Attendance				
Reliability				
Professional/ Clinical Skills				

Additional Comments:

***** Continuum Rehabilitation Internal Use Only *****

Reference Verified Reference obtained via phone

Continuum Rehabilitation Representative Signature

Date / Time

Title