

CONSTANCE CARE HOME HEALTHCARE

130 EAST MAIN STREET

Circleville, Ohio 43113

(740) 477-8689 & Fax (740) 477-8693

To: _____

APPLICANT'S NAME: _____ HAS APPLIED TO

CONSTANCE CARE HOME HEALTHCARE FOR THE POSITION OF _____.

SO THAT WE MAY GIVE THIS APPLICANT FAIR CONSIDERATION, WE WOULD APPRECIATE YOUR COMPLETING THE FOLLOWING INFORMATION. PLEASE RETURN THIS FORM IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.

I HEREBY RELEASE FROM ALL LIABILITY, THE COMPANY OR PERSON NAMED ABOVE, AND I AUTHORIZE THEM TO RELEASE ALL INFORMATION REGARDING MY EMPLOYMENT WITH THEM.

APPLICANT'S SIGNATURE: _____ DATE: _____

DATES EMPLOYED: FROM _____ TO _____

POSITION HELD: _____

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
QUALITY OF WORK	()	()	()
COOPERATION	()	()	()
DEPENDABILITY / ATTENDANCE	()	()	()
PERSONAL TRAITS / HABITS	()	()	()

REASON FOR LEAVING: _____

WOULD YOU REHIRE? _____ IF NOT, WHY? _____

ADDITIONAL COMMENTS: _____

COMPLETED BY: _____ TITLE: _____