

**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: \_\_\_\_\_