

# DREAMER HEALTHCARE REFERENCE CHECK

## FORM

\_\_\_\_\_  
Name of Candidate

\_\_\_\_\_  
Potential Position

\_\_\_\_\_  
Current/ Previous Employer

\_\_\_\_\_  
Type Of Business

\_\_\_\_\_  
Supervisor / Person contacted

\_\_\_\_\_  
Position or Title of Person contacted

\_\_\_\_\_  
Telephone Number of Person Contacted

\_\_\_\_\_  
Date

I hereby authorize the following information to be released for all previous employers Listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given

Applicants Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Verification of:

1) Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

2) Part Time OR Full Time: \_\_\_\_\_

3) Salary: \_\_\_\_\_

4) Position Held: \_\_\_\_\_

❖ Given the following categories, how would you rate his/her overall work performance? (Check One)

➤ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

❖ If given the opportunity to retire this person, would you do so? Y/ N

Reference Check Performed by: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete form and email back to [Dreamerhealthcare@gmail.com](mailto:Dreamerhealthcare@gmail.com) Thank you

