



REFERENCE RELEASE FORM

I have applied for employment with **A1 CARE** and have listed you as a reference. Please provide answers to the following questions and return this form to **A1 Care** via fax: (408)-995-3301.

By this authorization, I hereby release you from any liability or action based upon the content of your answers.

Thank you for your cooperation and assistance.

Sincerely Yours

Signature: _____

Date: _____

(Print Name):

XXX-XX-_____
Social Security #:

Company Name: _____

Hire Date: _____

Last Date of Employment: _____

Available for Re-Hire Yes/No

Reason for leaving: _____

Please check the following that apply

- Generally on time
- Generally late
- Generally positive
- Generally negative

- Dependable
- Quick Learner
- Open to learning new tasks
- Socializes with co-workers

- Friendly
- Shy
- Keeps appointments

Additional Comments: _____

