

Village Home Care, LLC 2760 SE 17 th ST, # 101 Ocala, FL. 34471 Phone: (352) 873-8300 Fax: (352) 368-9887	To: _____ Employer: _____ Address: _____ _____ Phone: _____ Fax: _____
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TO BE COMPLETED BY APPLICANT:

I have applied with for a position with _____. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you reply to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment with you. Thank you for your assistance.

Applicant's Name: _____
(Inlude maiden name if used for prior employment)

Applicant's Signature: _____

Position Applied For: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Dates of Employment: From: _____ To: _____

Position(s) held: _____

PLEASE CIRCLE APPROPRIATE RATING:

	ABOVE AVERAGE		SATISFACTORY		BELOW AVERAGE		COMMENTS
Punctuality & Attendance	5	4	3	2	1		
Appearance (Grooming)	5	4	3	2	1		
Honesty	5	4	3	2	1		
Judgment	5	4	3	2	1		
Job Knowledge	5	4	3	2	1		
Performance of Duties	5	4	3	2	1		
Organization of Time	5	4	3	2	1		
Ability to Accept Direction	5	4	3	2	1		
Compatibility with Co-Workers	5	4	3	2	1		

REASON FOR LEAVING: _____

WOULD YOU REHIRE: YES _____ NO _____ IF NOT, WHY NOT _____

ADDITIONAL COMMENTS: _____

INFORMATION SUPPLIED BY: _____

TITLE: _____ DATE: _____