



## Reference Check and Release

Applicant Name \_\_\_\_\_ Position Held \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Current/Former Employer \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to Contact and Title \_\_\_\_\_ Date \_\_\_\_\_

**I authorize to the above named employer to release information to Curastat Healthcare Group regarding my performance in their employ in response to this request for a reference.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The person above is registered with Curastat Healthcare Group and has listed you as a previous/current employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is confidential.**

Is this employee eligible for rehire?  Yes  No

Personal Evaluation	Exceeds Expectations	Meets Expectations	Below Average
Quality of Work Provided			
Professionalism			
Flexibility			
Productivity			
Attitude			
Job Knowledge			
Dependability/Punctuality/Attendance			
Enthusiasm			
Ability to get along with others			
Emotional Stability			
Communication Skills			
Personal Appearance			

Additional Comments (Continue on back if necessary): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:  
Curastat Healthcare Group**

**Fax # 888-633-0045**

**2141 E. Camelback Rd. Ste.250  
Phoenix, AZ 85016**

<b>INTERNAL USE ONLY:</b>
Person verifying reference: _____
<input type="checkbox"/> Verbal <input type="checkbox"/> Written Date: _____