



Reference Check and Release

Applicant Name _____ Position Held _____

Dates of Employment _____ Current/Former Employer _____

Complete Mailing Address _____

City _____ State _____ Zip _____

Supervisor/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 | Excellent | Above Average | Satisfactory | Poor |
|--------------------------------------|-----------|---------------|--------------|------|
| 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**

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