

Maple Manor Health Care and Rehabilitation

Committed to Quality Since 1964

1875 19th Street N.W., Rochester, MN 55901 (507) 282-9449 (507) 282-4780 F www.maplemanor.net

CONFIDENTIAL REFERENCE REQUEST FOR:

Applicant Name: _____

Name of Time of Employment, if Different: _____

Employer Name: _____ Supervisor: _____

Address: _____ City, State, Zip: _____

I _____ have applied for a position with Maple Manor Health Care and Rehabilitation. I hereby release _____ and any of its employees from liability relating to the release of confidential employment information to Maple Manor Health Care and Rehabilitation. Please answer the questions to the best of your knowledge.

Applicant Signature *Date*

Was the applicant in your employ from _____ to _____? Yes _____ No _____

Was his or her title _____? Yes _____ No _____

Did s/he leave because _____? Yes _____ No _____

Would you rehire the applicant? Yes _____ No _____ Reason: _____

Attendance: Excellent _____ Good _____ Fair _____ Poor _____

Cooperation: Excellent _____ Good _____ Fair _____ Poor _____

Initiative: Excellent _____ Good _____ Fair _____ Poor _____

Quality of Work: Excellent _____ Good _____ Fair _____ Poor _____

Productivity: Excellent _____ Good _____ Fair _____ Poor _____

Other comments that you feel are important: _____

Thank you for taking the time to fill out this form. If you have any questions or would like to speak with the appropriate department head, please call (507) 282-9449.