

MORROW MEMORIAL HOME

331 S. Water St.
Sparta, WI 54656
Telephone (608) 269-3169 – (608) 269-7642 fax



EMPLOYEE REFERENCE SHEET

Attention: _____

I have applied at the Morrow Memorial Home as a _____. I hereby authorize my previous employer to release any information concerning my employment history, job performance and personal characteristics. I hereby release you from any liability resulting from this information release.

Signature

Date

Re:

Please Print

_____ *First*

_____ *Last*

_____ *Maiden*

Other names used

Dates Employed: _____ to _____

If not correct dates please correct:

_____ to _____

1. Would you rehire? Yes No

If no, why not _____

2. Position held in your organization: _____

3. How would you rate his/her overall work performance?

Excellent Good Fair Poor

4. Using the scale below, please rate the applicant and add any appropriate comments concerning the applicant.

4 – Excellent

3 – Good

2 – Fair

1 – poor

0 – N/A

a. Attendance

4 3 2 1 0

b. Ability to work with others

4 3 2 1 0

c. Relationships with others

4 3 2 1 0

d. Dependability

4 3 2 1 0

e. Ability to accept responsibility

4 3 2 1 0

f. Ability to cope with stress

4 3 2 1 0

g. Ability to show good judgment

4 3 2 1 0

h. Ability to work w/out direct supervision

4 3 2 1 0

5. Comments: _____

6. Reason for leaving: _____

Any information you can give regarding this individual's aptitude for working with the elderly would be appreciated.

Signed

Date

Position