

Eckington House Mental Health Services, LLC

217 T Street NE, Washington DC 20002 United States

EMPLOYEE REFERENCE FORM

Section I: (To be completed by applicant)

Name: _____ Social Security: _____ - _____ - _____

Name of Company: _____ Position: _____

Name of supervisor: _____ Telephone: _____

Dates Employed with company: begin _____ end _____

I acknowledge filing an application with Global Health Care, Inc and authorize release of relevant information by my employer.

Signature of applicant: _____

Section II: (supervisor must confirm information in section I and complete section II).

Is the applicant's position correct?	Yes	No
Are the dates of employment correct?	Yes	No
Is the employee eligible for rehire?	Yes	No

Section III: Evaluation of performance

Job Knowledge	Excellent	Good	Fair	Poor
Quality of work	Excellent	Good	Fair	Poor
Ability to work with others	Excellent	Good	Fair	Poor
Initiative	Excellent	Good	Fair	Poor
Attendance	Excellent	Good	Fair	Poor

Additional comments:

Information verified by: _____ Title: _____

Reference record completed by: _____ Date: _____