***Applicant – Please return this form signed and dated with your application to:***

Rest Haven Homes, Inc.

1424 Union NE

Grand Rapids, MI 49505

Phone: 616-363-6819; Fax: 616-363-1658; resthavenhomes.org

**Pre-Employment Reference Check**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have made application for employment at Rest Haven Homes, Inc. I have selected you to be a reference. Please answer the following questions in a truthful manner. If you feel you do not adequately know me or cannot give a positive reference to a specific question leave it blank and go on to the next question.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Company to contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed from\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_; if incorrect give dates\_\_\_\_\_\_\_\_\_\_

Position Held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; if incorrect, correct position\_\_\_\_\_\_\_\_\_\_\_\_

Job responsibilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible for re-hire? \_\_\_\_yes \_\_\_no Why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you rate this applicant’s performance?

1=Outstanding; 2=Very Good; 3=Good; 4=Needs Improvement; 5=Unsatisfactory

Attendance\_\_\_ Cooperation\_\_\_ Initiative\_\_\_

Productivity\_\_\_ Job Knowledge\_\_\_ Reliability\_\_\_

Work Quality\_\_\_ Communication\_\_\_ Creativity\_\_\_

Any additional information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person verifying information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_