**Roberta's Health Care Services, LLC.**

**300 Fort Zumwalt Square**
**Ste. 108**
**O'Fallon, MO 63366**
**Phone: 636-336-8544**
**Fax: 636-294-7064**

# Reference Check Consent and Authorization Form

**Please read the information on this form carefully and completely.**

**I have applied for employment with Roberta's Health Care Services, LLC. and have provided information about my previous employment. I authorize Roberta's Health Care Services, LLC to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary, and employment history.**

**My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Roberta's Health Care Services, LLC., whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and Roberta's Health Care Services, LLC. from all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Roberta's Health Care Services, LLC.**

**This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.**

**Name: (please print) _____**

**Signature: _____ Date: _____/_____/_____**

**Cell Phone: (_____)_____-_____ Alternate Phone: (_____)_____-_____**

**Email Address: _____@_____._____**

**Roberta's Health Care Services, LLC. Reference Check Form**

We consider references checks a valuable tool in the recruitment process to verify facts and obtain additional information about a potential candidate. Please complete all sections. Indicate N/A if the question is not applicable.

Applicant Name: _____ Date of Reference Check: ____/____/_____

Person Checking Reference: _____

Reference Name: _____ Reference Organization: _____

Relationship to Applicant: Supervisor Peer Other (Specify)_____

Dates of Employment: From _____/_____/_____ to ____/_____/_____

Salary: $_____ per _____ Position(s) Held: _____

What was the nature of the applicant's job?

_____
_____
_____

Is this person eligible for rehire? Yes _____ No _____

Additional comments:

_____
_____

_____ _____/_____/_____
Printed Name/Title of Person Completing Form Date

_____
Signature of Person Completing Form