

**PEARL  
HEALTH CARE SERVICES, INC.**

2037 Bloomingdale Rd., Suite  
Glendale Hts., Il. 60139-2195  
Phone # (630)-307-9617  
Fax (630) 307-9457

Reference Check

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_ has applied to this agency for employment as a \_\_\_\_\_ and has indicated that he (she ) was employed by organization from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your answers to the questions below. All information supplied will be held in strict confidence and under no circumstances will be divulge to the employee or any other person/organization, except as required by law. A stamp self addressed enveloped is enclosed for your convenience. Thank you for your cooperation.

Sincerely yours,

Authorization

I hereby authorize you to respond to the questions below so that they may act on my application. I hereby release you from all liability in supplying this information regarding my employment with you.

Applicant Signature: \_\_\_\_\_

=====

( To be completed by former employer )

1. Position held: \_\_\_\_\_ 3. Termination: Voluntary  Involuntary   
2. Would you rehire applicant  Yes  No 4. Reason for leaving: \_\_\_\_\_

	Excellent	Good	Fair	Poor
QUALITY OF WORK				
QUANTITY OF WORK				
DEPENDABILITY				
INITIATIVE				
PERSONAL APPEARANCE				
HONESTY				
ATTENDANCE				
PUNCTUALITY				
ABILITY TO ACCEPT DIRECTION				
ABILITY TO RELATE TO SUPERVISORS				
JUDGMENT				
TIME MANAGEMENT				

Additional comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_