



PERSONAL REFERENCE

To: _____ Date: _____
Fax: _____

The applicant below has applied for a position with KEY FAMILY CARE LLC and has given us permission to request reference information from you. Be assured your answers will be held in the strictest of confidence. Thank you.

TO BE COMPLETED BY THE APPLICANT- Please print

Applicant Name

Reference Name: _____ Relationship: _____

Reference Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

I, (print) _____, hereby authorize KEY FAMILY CARE LLC to request and receive from all prior employers within one year of the date of the application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination. I further authorize KEY FAMILY CARE LLC to request and receive information about my work, education, personal and professional history. I authorize all individuals, schools, firms, organizations named therein to provide any information requested about me, and I release them from all liability for damages in providing this information. I have given KEY FAMILY CARE LLC my permission to contact you in relation to my employment application.

Signature _____ **Date** _____

TO BE COMPLETED BY THE REFERENCE- Please print

Please indicate your relationship to the application: _____

Would you recommend this person for employment with our company? _____ Yes _____ No

If no, please indicate why:

Additional Comments:

Signature: _____ **Date:** _____

For documentation of a verbal reference (including the above):

Name/title of person giving the reference: _____ Relationship: _____

Content of the reference: _____

Signature /title of KEY FAMILY CARE LLC Staff who obtained reference

Date of the call