



APPLICANT REFERENCE FORM

NAME: _____

(Social Security #)

DATE: _____

POSITION APPLIED: _____

I, _____ authorize the release of information concerning my qualifications
(Applicant's Signature) for employment to Beechwood Continuing Care.

The individual listed above has applied for a position with Beechwood. Please take a few moments to complete the form below to help us evaluate the applicant for employment with Beechwood. **PLEASE PRINT.**

1. How do you know the applicant? Please check:

_____ Previous/Current Employment Applicant's Position: _____

Dates employed: From _____ To _____

_____ School _____ Volunteer Organization _____ Other: _____
(Please explain)

2. How long have you known the applicant?: _____

3. Do you feel that the applicant has the qualities required to work with the elderly? Yes No

Please explain your answer: _____

4. Additional Comments: _____

NAME OF COMPANY/FACILITY: _____

PHONE #: _____

BEST TIME TO CONTACT: _____

Signature / Title of Person Completing Form

Date

Please mail or fax (688-9010) to: 2235 Millersport Highway

Getzville, NY 14068

Attn: Human Resources