



**BEECHWOOD
CONTINUING
CARE**

APPLICANT REFERENCE FORM

NAME: _____
(Please Print) (Social Security #)

DATE: _____ POSITION APPLIED: _____

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

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.**

How do you know the applicant? Please check (✓):

_____ School _____ Volunteer Organization _____ Professional Affiliation

_____ Previous/Current Employment Position Held: _____

Dates employed: From _____ To _____ Eligible for Rehire: ___ Yes ___ No

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 to: Attn: H.R. Dept., 2235 Millersport Hwy., Getzville, NY 14068
Or fax to: (716) 250-6205