

Waunakee Manor Health Care Center Inc.

801 Klein Drive – Waunakee, Wisconsin 53597

Phone 608-849-5016 or 608-256-8448

CONFIDENTIAL REFERENCE

To: _____ Date: _____

(Address of reference)

_____, _____ Has made application
(Applicant's Name) (Social Security #)

for employment as a(n) _____. This applicant has given you as a reference. Your evaluation will be sincerely appreciated, and considered strictly confidential. Please reply promptly, as employment is pending receipt of reference.

I give my permission to release pertinent information in regard to employment at _____ . Employment dates: _____ to _____

Signature of Applicant

If you are a friend, please fill in those parts you feel apply.

1. Job Title _____ Employed from _____ to _____.

2. Reason for leaving _____

3. Ability to get along _____

4. Evaluation:	Excellent	Good	Fair	Poor
Performance	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Appearance	_____	_____	_____	_____

Would you re-hire? Yes No

If "No" why not? _____

5. Other remarks (Your remarks are the most important part of this questionnaire.)

Date: _____ Signed: _____