



PAINTED HILLS HOME CARE

## REFERENCES

<b>Applicant Name</b>	
<b>Hire Date</b>	
<b>Position</b>	
<b>Calls Made By</b>	

### Reference 1 (Required)

Supervisor Name	
Phone Number / Email	
Date of Contact	
Professional Relationship	
Eligible for Rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

### Reference 2 (Required)

Reference Name	
Phone Number / Email	
Date of Contact	
Relationship	
Duration of Relationship	
Eligible for Rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	

## REFERENCES (Continued)

### Reference 3 (Required)

Reference Name	
Phone Number / Email	
Date of Contact	
Relationship	
Duration of Relationship	
Eligible for Rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	

### Reference 4: (Optional)

Reference Name	
Phone Number / Email	
Date of Contact	
Relationship	
Duration of Relationship	
Eligible for Rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	