

# TruLife Health Services

1502 WOODLAWN DRIVE SUITE 103 WOODLAWN, MARYLAND 21207

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To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RE: PREVIOUS EMPLOYMENT VERIFICATION

I, \_\_\_\_\_ SS# \_\_\_\_\_ Authorize you, and/or your office to disclose and furnish my employment history and duration of service at to Trulife Health Services.

I agree not to hold you or your company liable for loss of job placement opportunity upon disclosure of my employment history to Trulife Health Services.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above named applicant wishes to register with Trulife Health Services, for job placement as a Caregiver to our Clients and their families in private homes and/or other institutions. Please describe your experience with the applicant during the time he/she worked for you in the following areas using the following scale:

**1-Below Average 2-Average 3-Above Average 4-Excellent**

Job Title \_\_\_\_\_

Duration of Service \_\_\_\_\_

Punctuality/Attendance \_\_\_\_\_

Reliability/Dependability \_\_\_\_\_

Friendly and Respectful \_\_\_\_\_

Appearance \_\_\_\_\_

Initiative \_\_\_\_\_

Judgement \_\_\_\_\_

Ability to follow directions \_\_\_\_\_

Ability to complete Assignments \_\_\_\_\_

Honesty \_\_\_\_\_

Is applicant eligible for rehire? \_\_\_\_\_

Why or Why not? \_\_\_\_\_

### To be completed by person completing this form

Name of Reference: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title: \_\_\_\_\_