



17-19 Marble Avenue
Pleasantville, NY 10570

Phone# 914-741-6300 x 125
Fax# 914-495-3303
Employee Reference Check - **Professional**

To be completed by Employee:

I authorize my former employer(s) to provide Select Human Services, a Division of New Hope Community, Inc. any information including, but not limited to, written documentation regarding my employment and termination with the company stated below.

Employee Name _____

Employee Signature _____ Date _____

Name of Employer _____ Phone: _____

Supervisor's Name: _____ E-Mail: _____

Position Held at above Employer: _____

Starting Date: _____ Ending Date: _____

FOR EMPLOYER USE ONLY:

To be completed by Employer:

Are the dates correct? _____ if not, then from _____ to _____

Employee Evaluation	Excellent	Above average	Acceptable	Unsatisfactory
Attendance/Punctuality	()	()	()	()
Ability to get along with others	()	()	()	()
Quality of work	()	()	()	()
Job knowledge	()	()	()	()
Initiative	()	()	()	()
Dependability	()	()	()	()
Attitude	()	()	()	()
Team Player	()	()	()	()
Communication Skills	()	()	()	()

Reason for leaving: _____

Would you rehire ()Yes ()No

Reference's Name _____

Title _____

Signature _____

Date _____

January 2023