



Adult Care of Chester County, Inc.
 201 Sharp Lane
 Exton, PA 19341

Reference Request

Current or past employer information

Supervisor's Name:		
Company Name:		
Address:		
City:	State:	Zip:
Phone:		

Applicant Information:

Name:	SS#
Address:	
Dates of Employment: From: _____ To _____	
My signature below indicates authorization for release of information for employment purpose only.	
Signature: _____	Date: _____

To Whom It May Concern;

The above named has applied for employment at Adult Care of Chester County, Inc., and has listed you as a former employer. We would appreciate your prompt response for the information requested below. Thank you for your cooperation.

	Excellent	Good	Average	Fair	Poor
Work Performance					
Cooperation with Supervisor					
Cooperation with Co-workers					
Attendance \ Dependability					
Relationship with Clients (Customers)					

Title of position held _____

Eligible for rehire: **Yes** **No, if no, why?** _____

Information furnished by: _____

Title: _____ Date: _____



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