

**Employment Reference Request Form**

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| **Applicant’s name:** **Insert Name here**  | **Position applied for:** **Health Care Assistant** |

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| The above-named person has applied to work at Lifeline Care Services and has given your name as a referee in accordance with the protection of vulnerable adult’s policy.I would be grateful if you could comment on his/her suitability for the position. Any information provided will remain confidential. |

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| Does/did the applicant work for your Company?  | Yes [ ]  No [ ]  |
| If yes, please give the applicant’s starting and leaving dates (if applicable) | Start date: Leaving date:  |
| What is/was the applicant’s job title at your Company? | Job Title:  |
| What are/were the applicant’s main job duties? |  |
| What is your assessment of the following elements in relation to the applicant? |
|  | Excellent | Good | Fair | Poor |
| Quality of work |  |  |  |  |
| Quantity of work |  |  |  |  |
| Dedication to the job |  |  |  |  |
| Ability to work without supervision |  |  |  |  |
| Working relationships |  |  |  |  |

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| Do/did you find the applicant to be honest and trustworthy?  | Yes [ ]  No [ ]  |
| Do/did you find the applicant to be reliable in carrying out his/her duties? | Yes [ ]  No [ ]  |
| Is/was the applicant’s time-keeping satisfactory? | Yes [ ]  No [ ]  |
| Does/did the applicant have any disciplinary warnings during his/her last 12 months’ employment with your Company? If so, please comment, if possible, on the nature of these warnings: | Yes [ ]  No [ ]  |
| How many days absence from work has the applicant had during his/her last 12 months employment with your Company? |  days |
| What was the applicant’s reason for leaving your Company? (if applicable) |  |
| Do you think the applicant would be a suitable person to perform the job described above?Any further comments? | Yes No  |

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| Do you have any further comments to make as regards the applicant’s suitability for employment as described by the job description? |

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| Any information provided will be treated in the strictest confidence.Thank you for your assistance. |

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| Signed:  | Date:  |
| Print Name: | Role: Organisation: |