



PJS CARE SERVICES

APPLICANT REFERENCE INFORMATION

Sent to:	
Attention:	Date:
Applicant:	Position Applied For:

PLEASE RANK EMPLOYEE ON A 1-10 SCALE (1 LOWEST 10 OUTSTANDING)

	Outstanding	Above Average	Average	Below Average	Unsatisfactory
Quality of Work					
Cooperation					
Attendance					
Responsibility					
Professionalism					

PLEASE PROVIDE PRIOR EMPLOYEE INFORMATION

Social Security Number:	
Position:	Salary:
Supervisor Name:	
Supervisor Title:	
Supervisor Phone Number:	

PLEASE WRITE YOUR NAME AND TITLE THEN SIGN AND DATE

Began Employment:	Ended Employment:
Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please indicate why:	
Other comments:	

Name:	Title:
Signature:	Date:

Reference Evaluated By: _____