Generation Solutions
NO PLACE LIKE HOME... FOR SENIOR CARE

EMPLOYMENT REFERENCE CHECK

TO BE FILLED OUT BY THE APPLICANT:

I have made application for employment with the employer listed below. I hereby request and authorize you to furnish the employer below with any information concerning my employment records, character, habits, and ability. I do hereby release the addressed entity and all individuals concerned from any claims, suits and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and the giving of such information

Name While in Your Employ: _____

Social Security Number: _____

Dates of Employment: _____

Signature: _____Date_____

TO: PERSONNEL DEPARTMENT

COMPANY: _____

ADDRESS _____

FROM:

☐ Generation Solutions, Inc.
1032 Claymont Drive
Lynchburg, VA 24502
ATT: Administrative Services
Phone: (434) 455-6500
FAX: (434) 455-6511

☐ Generation Solutions of Roanoke, Inc
3825 Electric Rd. Ste A
Roanoke, VA 24018
ATT: Administrative Services
Phone: (540) 776-3622
FAX: (540) 776-0694

TO BE FILLED OUT BY PREVIOUS EMPLOYER:

Please verify above dates of employment:

☐ Accurate ☐ Correction _____

Please rate the applicant's performance in the following areas:

	Above Average	Average	Below Average	Comments
Attendance				
Cooperation				
Job Knowledge				
Initiative				
Productivity				
Reliability				
Quality of Work				

Would you rehire the applicant? ☐Yes ☐No

What was the applicant's reason for leaving? _____

Completed by_____Position_____Date_____