



EMPLOYMENT REFERENCE

Candidate Name :	SS#	Position Applied For:
Candidate Contact Phone Number:	Candidate Email Contact:	MCGHealth Contact Name::
Name of Referenced or Previous Company:	City / State of Company:	Employer (best way to contact) Phone #:
Name of Supervisor, Peer, Co-Worker, etc:	Title of Reference:	Reason for Leaving:
Eligibility for rehire status:	Title of position held at previous company:	Dates of Employment (begin and end - mth / year):

Reference(s) Authorization(s): I authorize MCGHealth, Inc. to conduct investigations of my personal and employment history and further release the hospital, companies, schools, prior employers or agents of MCGHealth, Inc. who secure this information from liability or damages for providing this information. I hereby state that the information on any application/resume for MCGHealth, Inc. or their agent is true and complete. In the event of employment, contract services, third party placements or other service opportunities with MCGHealth, Inc. I understand that false, misleading or omitted information given in application documents or employment interviews may result in dismissal. I affirm I have not committed Medicare/Medicaid fraud. I understand my employment status will be contingent upon clearance steps of backgrounds, references, professional licensure, education verification and until the satisfactory post offer or post placement medical assessment, drug screen and results. If accepted for employment, I understand my employment will be for no definite time period, regardless of the period of payment of my wages. In addition, I agree to abide by the rules and policies of MCGHealth, Inc.

I understand that MCGHealth, Inc, utilizes reference checking services from PSI, Incorporated. By such, when clarification is required for submitted information, PSI Incorporated will contact me using the above contact phone number and / or email address provided.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

1. In what capacity did he / she work for you? _____

2. What were the person's primary responsibilities and duties? _____

3. Describe the person's overall performance. (Check the appropriate box).

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>		<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are the person's strengths? What projects or assignments exemplified his / her strengths?

5. What are the person's weaknesses or areas for growth? How did he or she overcome these weaknesses?

6. Would you rehire this employee? Yes and why? No and why? _____

7. Did the employee resign voluntarily with appropriate notice or were they terminated involuntarily? Details:

8. Were they full or part-time in this position? _____ approximately how long was he / she employed? _____

9. Does the person have the skills and knowledge to be successful in the position applying too? _____

10. Would you? Strongly Recommend Recommend Recommend with Reservations Not Recommend

11. Would you consider this person to be inclined to violent or disruptive behavior? Yes No

Name and title of person providing reference and date collected: _____