



Reference Request

Please, fill out this part.

Candidate Name: SS# Position Applied For:

Name of Employer/Company: Address: Phone #: Name of Professional Reference (Supervisor): Title of Reference: Alternative Phone #:

Reference(s) Authorization(s): I authorize MCG Health, Inc to conduct investigations of my personal and employment history and further release the hospital, companies, schools, prior employers or agents of MCGHI who secure this information from liability or damages for providing this information. I hereby state that the information on any application/resume for MCGHI or their agent is true and complete. In the event of employment, contract services, third party placements or other service opportunity with MCGHI. 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, policies of MCG Health, Inc.

Signature: Date:

- 1. Position Title(s) held.
2. Dates of Employment.
3. Confirm last salary rate when employed:
4. Full time or part-time position held?
5. Did the employee resign voluntarily with appropriate notice or was terminated involuntarily?
6. Would you consider this person to be inclined to violent or disruptive behavior?

Additional Information

Table with 10 columns: Performance categories (Customer Service, Productivity, Management, Interpersonal Skills, Dependability, Teamwork, Technical Skills, Initiative, Attendance) and 4 rating boxes (Excellent, Good, Fair, Poor).

- 8. What are the person's strengths?
9. What are the person's weaknesses or areas for growth?
10. Other comments about this person work history/experience.
11. Would you rehire this employee?
12. Would you? (Strongly Recommend, Recommend, Recommend with Reservations, Not Recommend)

Information provided by: Title: Date:

Form Completed by: Date:



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Additional Information

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

Table with 4 columns: Excellent, Good, Fair, Poor. Rows include Customer Service, Productivity, Management, Interpersonal Skills, Dependability, Teamwork, Technical Skills, Initiative, Attendance.

- 11. What are the person's strengths?
12. What are the person's weaknesses or areas for growth?
13. Other comments about this person work history/experience.
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