

Unique Caring Opportunities Inc.

Employer Reference

Previous Employer Completes:

Applicant name: _____ Social Security Number _____

Name of Company: _____

Applicants Job title _____

Dates of Volunteered /Employment: From _____ To _____

Beginning Salary: _____ Ending Salary: _____

Is this employee eligible for rehire: YES _____ NO _____?

Task	Excellent 1	Good 2	Fair 3	Poor 4	Unable to judge 5
Ability to work w/minimal supervision					
Quality of work					
Quantity of Work					
Knowledge of work					
Initiative					
Ability to work well with others					
Leadership					
Dependability					
Oral communication					
Documentation					
Judgement					
Attendance					
Supervisory Skills					
Execution of Care					

Comments _____

Are you aware of any information that might cause you to question this individual's suitability for employment where he or she would come in direct contact with children or developmentally disabled individuals? Yes _____
No _____. If yes, please give details

Name (Print) _____ Title: _____

Signature: _____ Date: _____