

**EVENTIDE SENIOR LIVING COMMUNITY  
114 SOUTH 20TH STREET  
DENISON, IOWA 51442  
Phone 712-263-3114  
Fax 712-263-8819**

**Applicant:** *Fill out the front & return with your application!*

**REFERENCE CHECK**

Date \_\_\_\_\_, 20\_\_\_\_

**APPLICANT:** Please supply addresses for **work** related references which if hired could document for experience pay. Be sure to sign & date at the bottom. **Do not send/fax the references yourself!**

SEND/FAX TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We are considering \_\_\_\_\_ for the position of \_\_\_\_\_ at our facility. She/he has listed you during our application process as a reference. Please fill out the information on the reverse side of this letter. This information will be held in confidence. Your cooperation and prompt reply will be greatly appreciated.

You may fax back your reply and/or find enclosed a self-addressed, stamped envelope for your convenience.

Thank you for your time and consideration.

Sincerely,

Jessica Garcia  
Human Resource Coordinator

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby grant permission to the above person (company) to furnish Eventide Lutheran Home with information regarding my work history and a profile of my aptitude and character.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

*Please supply the name that the person (company) knows you by if different from your signature.* \_\_\_\_\_

Prospective Employee: \_\_\_\_\_

**PREVIOUS EMPLOYERS:** Please complete and return the following:

1. Date of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Job title or position held: \_\_\_\_\_
2. Did she/he miss very many days of work? Frequent \_\_\_\_ Average \_\_\_\_ Seldom \_\_\_\_ .  
Was appropriate notice given for absences? \_\_\_\_\_
3. How did she/he get along with fellow employees? \_\_\_\_\_  
Supervisor(s)? \_\_\_\_\_
4. How would you classify her/his attitude? Excellent \_\_\_\_ Good \_\_\_\_  
Fair \_\_\_\_ Poor \_\_\_\_
5. What are this person's strengths and in what area could she/he improve? \_\_\_\_\_
6. Why did she/he leave your employment? \_\_\_\_\_
7. Would you rehire her/him for the same or any other position? (If no, why not?) \_\_\_\_\_

Additional Comments: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE/POSITION \_\_\_\_\_

**FRIENDS, ACQUAINTANCES, OTHERS:** Please complete and return:

1. How do you feel she/he gets along with others? \_\_\_\_\_
2. Do you feel she/he would be a dependable worker? \_\_\_\_\_
3. Do you feel she/he is able to accept the responsibility of this position and why? \_\_\_\_\_
4. How long have you known our applicant? \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
RELATIONSHIP TO APPLICANT \_\_\_\_\_