

GOLDEN DREAMS HOMECARE, L.L.C.

Date _____

Name of Supervisor or Co-Worker _____

Facility _____ Phone Number (____) _____

Address _____

Position Held _____

Social Security Number _____ Dates Employed From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be related to clients of Golden Dreams Homecare, L.L.C., and other requesting third parties on a need to know basis. I also release Golden Dreams Homecare, L.L.C. from all liability for any damages from the disclosure of this information.

Applicant Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

To be completed by Golden Dreams Homecare, L.L.C. Representative

The individual named above is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response. If you have any questions, please call Golden Dreams Homecare, L.L.C. Office at 1-309-764-4653. Thank you in advance _____ (Golden Dreams Homecare, L.L.C. Representative).

1. Please confirm the applicant's employment from _____ to _____

2. Please confirm the applicant's Job Title: _____

Please indicate specialty areas in which the applicant has had experience _____

Is applicant eligible for rehire? Yes of No If no, why not? _____

Additional Comments:

Signature of person giving the reference: _____ Date: _____

Relationship to applicant: _____

Title: _____