

# CENTURY CARE REFERENCE CHECK

\* Please complete 3 forms for 3 Previous Employers

Applicant Name (print) \_\_\_\_\_

Previous Employer \_\_\_\_\_

I give permission to the above named employer reference to release any information related to my job performance as requested by Century Care. As a part of the employment process your answers to the following questions would be appreciated.

Applicants Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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## STOP HERE

Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_

Reason(s) for Leaving \_\_\_\_\_

**Attendance:**

- Unsatisfactory
- Satisfactory
- Above Standard

**Attitude:**

- Unsatisfactory
- Satisfactory
- Above Standard

**Work Performance:**

- Unsatisfactory
- Satisfactory
- Above Standard

Is Employee eligible for rehire? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you recommend for employment? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Century Care Representative

\_\_\_\_\_  
Date

Bayview Nursing & Rehabilitation Center  
3003 Kensington Park Drive  
New Bern, NC 28560  
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