

PINER'S NURSING HOME  
1800 PUEBLO AVENUE  
NAPA, CA 94558  
(707) 224-7925 FAX (707) 255-0332

**REFERENCE CHECK**

I give \_\_\_\_\_ authorization to provide  
**(name of former employer)**  
to Piner's Nursing Home any and all information that they deem appropriate regarding my  
employment and job performance while employed with your facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**----- DO NOT COMPLETE BELOW -----**

**Piner's will contact your former employer for information.**  
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Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Please rate the following areas below from 1-5. 1=poor, 2=fair, 3=average, 4=good, 5=excellent

Job Knowledge \_\_\_\_\_ Attitude \_\_\_\_\_ Personal Appearance \_\_\_\_\_

Self Discipline \_\_\_\_\_ Reliability \_\_\_\_\_ Attendance \_\_\_\_\_

Cooperation (Ability to get along with others) \_\_\_\_\_

Quality of Work (Effective utilization of time) \_\_\_\_\_

Common Sense (Ability to take instructions) \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name of Evaluator: \_\_\_\_\_