

AP CARE SERVICES

REFERENCE VERIFICATION

(THIS SECTION TO BE COMPLETED BY APPLICANT)

Reference Name: Juan de Dios Hernandez
Facility Name: AP CARE SERVICES CORP
Telephone: (706) 345-5700

I have applied to **AP Care Services** for a position as a HHA

. I authorize you to respond to the questions below so they may act on my application. I release you from all liability in supplying this information regarding my employment with you.

Applicant's Signature: x [Signature]
Print Applicants Name: Maritza Machin

I worked for you from 03/10/2022 to present as a

NOTE: Please fax back to our office at 786 723 6839

To be completed by former employer if faxed **OR** by human resource staff if verified via phone:

Would you rehire? YES / NO
Is the above information correct? YES / NO

If no please explain:

Job Skill	Excellent	Very Good	Good	Poor
Job knowledge	<u>/</u>			
Initiative	<u>/</u>			
Attendance	<u>/</u>			
Ability to Work with others	<u>/</u>			
Judgment	<u>/</u>			
Honesty	<u>/</u>			
Ability to Accept Direction	<u>/</u>			
Grooming and Appearance	<u>/</u>			
Time Management	<u>/</u>			

Comments:

Signature: [Signature] Title: H.R.
Date: 03/20/2024