



Reference Checking and Authorization Form

I have applied for a position with Cherishing Lives Home Care Agency, and I have provided information about my previous employment. I authorize Cherishing Lives to conduct a reference check with my present and/ or previous employment. The following information may include but not limited to verbal and written or information about my performance, professional demeanor, rehire potential, dates of employment, employment history.

My signature below authorizes former and/ or current employer and reference to release information regarding the following: employment record, employment history etc. and to obtain feedback and reference from my supervisor with Cherishing Lives whether the information is positive or negative.

Employment Contact:

- | | |
|-------------------------------|-----------------------------|
| 1. Contact Name: _____ | Company: _____ |
| Company Number: _____ | Length of employment: _____ |
| Personal/ Professional: _____ | Email address: _____ |
| 2. Contact Name: _____ | Company: _____ |
| Company Number: _____ | Length of employment: _____ |
| Personal/ Professional: _____ | Email address: _____ |

Signature

Date

Office Use Only

OFFICES USE ONLY

Employer Name:

Employer Name:

