

Infiniti Home Health Care, LLC

Date: _____

TO:	From: Infiniti Home Health Care, LLC
Fax #:	Phone #:
Phone #:	Fax #:

Dear Sir/Madame:

Your organization has been named as a reference for the below named individual. Please complete the information below indicated with an * and return to the fax number above. Thank you for your time.

REFERENCE CHECK

APPLICANT INFORMATION:

I, _____, request _____

to release information below in providing reference to Infiniti Home Health Care, LLC.

Signature of Applicant: _____

Dates of Employment provided by applicant: _____

Organization Phone#: _____

* Name of Person providing reference: _____

* Dates of Employment Verified: Yes No Dates were: _____

* Employee is Eligible for Re-hire: Yes No If "No", what is the reason: _____

* Employee Work History: It is against organizational policy to release this information

TRAIT	Yes	No	TRAIT	Yes	No
Punctual			Positive Work Relationships		
Positive Attitude					

For telephone references:

Signature of Infiniti staff taking reference: _____ Date: _____

Facsimile Confidentiality Information NOTICE TO RECIPIENT

As a recipient of this information, you are prohibited to further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by State Law, Federal Regulations or HIPAA Privacy Standards.

IMPORTANT CONFIDENTIALITY NOTICE!!!!

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