



TENDER TOUCH REHAB SERVICES LLC

685 RIVER AVENUE LAKEWOOD, NJ 08701 . 732.367.3667 . 888.400.REHAB

PRE-HIRE REFERENCE CHECK

To be completed by Applicant

Name of Applicant: _____

Position Applying for at Tender Touch: _____

Name of Clinical Reference: _____

Phone Number of Clinical Reference: _____

Relationship to Clinical Reference: _____

Name and Address of Employer: _____

Employment Dates: **From:** _____ **To:** _____

Reason for Departure: _____

I hereby authorize you to release any information you may have regarding my services and character and do hereby unconditionally release Tender Touch Rehab Services and any reference from all liability for any damage whatsoever which might result from furnishing same.

Signature: _____ **Date:** _____

To be completed by Reference

The above named person has applied for a position with our company. Please furnish the information requested below. Thank you for your cooperation.

How would you rate his/her clinical skills? (Check one.)

Outstanding Good Fair Poor

How would you rate his/her documentation skills?

Outstanding Good Fair Poor

How would you rate his/her time management?

Outstanding Good Fair Poor

How would you rate his/her overall performance?

Outstanding Good Fair Poor

How is his/her relationship with the staff/the patients?

Outstanding Good Fair Poor

Please state briefly what you believe to be the greatest strengths and weaknesses (if any):

Strengths _____

Weaknesses _____

Is applicant eligible for rehire? Yes No

If no, please state why: _____

Comments: _____

Please attach additional sheets if more space is needed

Signature: _____ **Date:** _____

*Tender Touch Rehab Services, LLC assures that any information supplied will be held confidential.