MATAI
HOME HEALTHCARE
SERVICES, LLC.

EMPLOYEE REFERENCE CHECK

Date _____

Matai Home Care Services LLC has my authorization to check my references.

PRINT EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Company Contacted: _____

Mr. / Mrs.:_____ is seeking employment with our company. It is our policy to ask for references prior to employment. Please complete this form for our records ***and sign below***. We would greatly appreciate your assistance.

PLEASE VERIFY EMPLOYMENT DATES:

From: _____ To:_____

ELIGIBLE FOR REHIRE? ☐ **YES** ☐ **NO**

COMMENTS:

_____

_____

_____

_____

INFORMATION WAS RECEIVED BY: ☐ **Phone** ☐ **Mail** ☐ **Fax**

MATAI
HOME HEALTHCARE
SERVICES, LLC.

Name of company _____

* **(IF FAXED) Company Contact Signature** _____

_____ _____

Signature of Agency Representative& Title *Date*