

QUALITY ONE CARE

EMPLOYMENT VERIFICATION FORM

TO BE COMPLETED BY QUALITY ONE CARE HOME HEALTH INC APPLICANT

Employee Name: _____ Job Title _____

Name of the Company _____ Tel # _____ Fax # _____

Employment Date: From _____ To _____ Presently employed Yes ____ No ____

Name of Supervisor: _____ Telephone _____ EXT _____

I grant permission for the information regarding my employment to be released to Quality One Care Home Health, Inc

Applicant Signature _____ Date _____

TO BE COMPLETED BY PERSON GIVING REFERENCE

The above applicant has applied for employment with Quality One Care Home Health Inc. The applicant has given your name as a reference and has stated that he/she was employed with your company throughout the dates stated above. We would appreciate your completing this request for an employment reference by providing the below information. Thank you very much for your help.

1. A Job Title _____ 1.B. Are the dates of employment given, correct? Yes _____ No _____

2. If dates of employment given are not correct, please provide the correct dates: From _____ To _____

3. Was the applicant's work performance Below Standard _____ Adequate _____ Outstanding _____

4. Would you rehire the applicant if he/she reapplied? Yes _____ No _____

5. Is there any additional information that you would wish to add assist in our decision to hire the applicant? _____

Any consideration for placement with Quality One Care home Health Inc. is dependent upon verification of clinical experience by a previous employer or supervisor.

COMAR 10.09.53.03C(3) ensure that each nurse rendering services to a pediatric patient has at least 1-year clinical experience which includes pediatric patient care within last 2 years. In signing this statement, you affirm that this applicant has had at least 1 year of clinical experience involving pediatric patient care within the past 2 years.

Signature of person Verifying Clinical Experience: _____ Title _____

Printed Name: _____ Date: _____

TO BE COMPLETED BY QUALITY ONE CARE PERSONNEL ONLY

When conducting a telephone reference complete the questions listed in the previous section and complete the information requested below.

Do you affirm that this applicant has had at least 1 year clinical experience involving pediatric patient care within the past 2 years?

Yes ____ No ____

Name Of Person Giving Reference _____ Title _____

Name of the Quality One Care Personnel _____ Date _____