



800 SECOND AVENUE SUITE 905, NEW YORK, NY 10017

ATTENTION: \_\_\_\_\_

DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

You have been given as a reference by the applicant listed below. We cannot over-emphasized the importance of your assistance as we place great importance on the thorough screening of all our applicants. This information will be held in strict confidence. Please return via mail or facsimile. We would like to thank you in advance for your prompt reply.

Sincerely,

**ULTRACARE OF MANHATTAN**  
FAX #: 212-949-5035

APPLICANT: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

I HEREBY AUTHORIZE THE FOLLOWING INFORMATION TO BE RELEASED TO **ULTRACARE OF MANHATTAN.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

1. Please comment on the applicant's following attributes:

Reliability and Attendance: \_\_\_\_\_

Cooperation: \_\_\_\_\_

Competency: \_\_\_\_\_

Supervisory Ability and Capacity: \_\_\_\_\_

Overall Appearance: \_\_\_\_\_

Health: \_\_\_\_\_

2. Please indicate specialty areas in which the applicant has had experience: \_\_\_\_\_

3. Please state any characteristics that we should consider which would influence assignments we would give this individual: \_\_\_\_\_

4. Additional Comments: \_\_\_\_\_

5. Is this applicant eligible for rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Date)