

Employee Name: _____

DOB: _____

Reference Requests

Halo Hospice

451 S. Main St. Ste 220, Fort Worth, TX 76104 (817) 720-6100

I authorize my previous employer to release any and all information relating to my employment with them to the above company. I further release and hold harmless both parties from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Previous Employer: _____ Dates Worked: _____

Company Location: _____ Phone Number: _____

Previous Employer: _____ Dates Worked: _____

Company Location: _____ Phone Number: _____

Internal Use Only:

Previous Employer: _____ Dates Worked: _____

Position Held: _____ Rehireable: _____

Employer Contact: _____

Other Information Requested/Received:

Previous Employer: _____ Dates Worked: _____

Position Held: _____ Rehireable: _____

Employer Contact: _____

Other Information Requested/Received:

Witness Signature: _____ Date: _____