

**TENDER HEART HOSPICE CARE
3210 W. PARK ROW DR.
ARLINGTON, TEXAS 76013
817-265-0066 FAX 817-701-0735**

EMPLOYEE REFERENCE

Previous Employer: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____

The applicant listed below has given you as a job reference. Please take the time to verify his/her job position and employment dates. It is at your discretion to make any comments concerning the applicant's work record.

Thank you,

Kay Seriki, Administrator

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Applicant's Name (Print Clearly)	Social Security Number
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Position/Job Title	From	To
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I/hereby authorize you to verify the above information.

Applicant's Signature	Date
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Employment verification for the above applicant is as follows:

Position/Job Title	From	To
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Eligible for rehire: _____ Yes _____ No

Additional Comments (If any):

Signature	Title	Date
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