P & G Healthcare
...where your care comes first

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PROFESSIONAL/EMPLOYMENT REFERENCE FORM

CONFIDENTIAL

Name of Applicant: .....

How long have you known her/him.....

In what capacity have you known him/her.....

.....

....

How would you describe her/his attitude to work.....

.....

.....

How would you score the applicant on the following?

	Good	Poor	Excellent	Don't know
Punctuality	☐	☐	☐	☐
Honesty	☐	☐	☐	☐
Confidentiality	☐	☐	☐	☐
Her Character in general	☐	☐	☐	☐

Your Name..... .....

Relationship to Applicant.....

Signature..... .....

Date..... Stamp (if applicable)