

# Precious Hearts Companion Care, Inc.



Your Companion in Truth. Indeed.

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Tel: 410-963-1519

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## REFERENCE REQUEST

Name..... SS#.....

Hire Date..... Termination Date (if applicable).....

Job Title..... Salary..... Hourly/Weekly/Monthly/Yearly

Please indicate 'Very Good', 'Satisfactory' or 'Poor':

Quality of Work..... Attitude.....

Ability to work under pressure..... Dependability/Punctuality.....

Thank you.

.....

PRINT NAME

SIGNATURE

DATE

.....

I hereby authorize Precious Hearts Companion Care to obtain information concerning me from..... and to keep such information confidential.

I understand that a photocopy of this authorization shall be considered as effective and valid as the original.

Print Name.....

Signature..... Date.....

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