



HALLMARK YOUTHCARE

Applicant: Please complete the section below:

_____ is being considered for employment at Hallmark Youthcare.
Name _____

I authorize my former employer to provide any information they have concerning my employment record and/or qualifications to Hallmark Youthcare, and hereby release them from all liability. I understand that this information will remain confidential.

Signature _____

Social Security Number _____

Attention: _____ **Fax:** _____

Employer: Please complete the following and return. The requested information will be kept in strict confidence.

Organization/Company _____ Position Title _____

Employed From _____ To _____ Ending Salary _____

Reason for Termination _____

Eligible for Re-Hire yes _____ no _____ If no, please explain _____

Please describe this employees professional obligations or job duties. _____

Please describe the populations managed by him/her. _____

Please check the box best describing applicant:

1=Excellent 2=Good 3=Average 4=Below Average 5=Unsatisfactory

| Categories | 1 | 2 | 3 | 4 | 5 | Comments: |
|-------------------------------------|---|---|---|---|---|-----------|
| Quality of Work | | | | | | |
| Technical Skills | | | | | | |
| Attitude | | | | | | |
| Reliability & Dependability | | | | | | |
| Cooperation & Teamwork | | | | | | |
| Attendance & Punctuality | | | | | | |
| Clinical Judgment & Decision Making | | | | | | |
| Communication Skills | | | | | | |
| Computer Skills | | | | | | |
| Leadership/Initiative | | | | | | |
| Accepts Supervision | | | | | | |
| Professional Integrity | | | | | | |

Strong Points: _____

Weak Points: _____

Describe his/her scope and level of job performance? _____

Is there anything else we should know about this applicant? _____

Signature _____

Title _____

Date _____

**Please return this fax ASAP to: fax: (804) 784-5331
Questions: Please contact Ellen Moser at (804) 784-6422
12800 West Creek Pkwy. Richmond VA 23238**