## St. Joseph's Villa, Inc. 927 7<sup>th</sup> St. David City, NE 68632

## **REFERENCE CHECK AUTHORIZATION**

(To be completed by Job Candidate)				
TO:				
TO:	STREET ADDRESS	CITY	STATE	ZIP
Telephone Number of Previous Employer:				
NAME OF JOB CANDIDATE:				
POSITION BEING CONSIDERED FOR	R:			
I authorize St. Joseph's Villa, Inc. to gathe	r information about my bac	coround for employme	ent nurnoses	
r autorize of sosepir s vina, ne. to game	a mormation about my buch	ceround for employing	in purposes.	
SIGNATURE OF JOB CANDIDATE:	OF JOB CANDIDATE: DATE:			
	(d. 4) :			- C1-11- J Manual -
The above-named (if verbal check, give name of job candi and Assisted Living facility and has given your name/comp				a Skilled Nursing
Dates of employment: FROM -		TO -		
Position(s) held:				
i osition(s) neid.				
Name of Last Immediate Supervisor:				
Job Title of Last Immediate Supervisor:				
Name of Person Providing Background Info	ormation:			
<u>6</u> 6				
Job Title of Person Providing Background	Information:			
Passon for larving				
Reason for leaving:				
Last salary/wages:				
Would you re-employ this person? (Circle C	Dne) Yes No	Why?		
Any other comments?				

**Print Name of Representative Gathering Information** HR19-03/01, Rev. 06/06