



# C.H.T. Services, Inc.

2901 Campus Road, Brooklyn, NY 11210  
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www: chtservices.com

## Reference Form

\_\_\_\_\_  
(Prior or Current Employer Company Name)

\_\_\_\_\_  
(Prior or Current Supervisor Name & Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone )

\_\_\_\_\_  
(Applicant's Name)

The above applicant has applied for assignments through our agency. As you have been submitted as a reference, we would appreciate your filling out the information below. Since it is our policy not to assign anyone to a case without a reference check, your prompt attention is vital. We will be happy to reciprocate at any time. If you have any further comments, please call us at the below number. Thank you.

Qualities	Poor	Fair	Good	Excellent
Competent to perform duties				
Character and honesty				
Punctuality				
Attendance				
Cooperation				
Personal appearance				
Quality of work				

If you/your agency or company has employed an applicant previously, please answer the questions below:

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you rehire? \_\_\_\_\_ If not, why not? \_\_\_\_\_

Does applicant have any physical disabilities as back injuries? ( )Yes ( )No

If yes, has applicant received compensation for injuries? ( )Yes ( )No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you in advance for your cooperation.

Sincerely,

C. H. T. Services, Staff