

# WESSELL GENERATIONS, INC.

d.b.a. WELCOME NURSING HOME

"People Helping People Since 1945"

## WORK HISTORY VERIFICATION

\*This information will remain confidential\*

To \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Position Applied for \_\_\_\_\_

**Release of Information:** I hereby release from all liability the company, institution or person named above and authorize them to release all information regarding my employment with them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The person identified above has applied for a position at our facility.  
Would you kindly complete the reference information below. Thank you.

Position held at your organization \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Would you re-employ?  Yes  No If no, why \_\_\_\_\_

Please comment on the following work related categories by checking the box where appropriate

|                      |                                    |                               |                               |                               |
|----------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Attendance:          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Attitude:            | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Cooperation:         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Competence:          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Performance:         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Personal Appearance: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Quality of Work:     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please complete this information and fax back to Welcome Nursing Home (440-775-9964) at your earliest convenience.