



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of
Long Term Health Care Administrators
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EMPLOYMENT REFERENCE –
COMMUNITY RESIDENTIAL FACILITY CARE ADMINISTRATOR APPLICATION

Applicant's Name: _____

The above referenced person has applied for licensure with the South Carolina Board of Long Term Healthcare Administrators. In order for the applicant to become licensed, an employment reference form must be completed by all places of employment. Timely completion of this form is requested. Completed form may be submitted to the Board via email, fax or mailed to the address listed above.

Place of Employment: _____

Address: _____

Type of Facility: _____ Facility Licensed By: _____

Facility License Number: _____ Number of Beds: _____

Licensed Administrator _____ CRCF License Number: _____

Phone Number: _____ Email: _____

Applicant's Job Title: _____ Applicant's Supervisor: _____

Dates of Employment _____ to _____ Employment Status: Full-Time Part-Time

Did Applicant have Supervisory Responsibilities? Yes No Number of Employees Supervised _____

Did Applicant have Direct Patient Care Responsibilities? Yes No

Applicant's job duties _____

QUESTIONNAIRE

1. Was/Is the applicant's job performance satisfactory? YES NO

Comments: _____

2. Would you be willing to rehire him/her if a vacancy existed? YES NO

Comments: _____

3. Based on your knowledge of this person and/or personnel records, would you recommend him/her for employment as a Community Residential Care Facility Administrator? YES NO

Comments: _____

4. Were or are you the applicant's immediate supervisor? YES NO

If no, what is the basis of your familiarity with applicant's job performance? _____

5. Describe the work skills and attributes that the applicant has demonstrated that would enhance their work as a Community Residential Care Facility Administrator: _____

DOCUMENTATION OF WORK HOURS

Mark one of the following:

- Applicant worked part time during their period of employment. *(Complete Section A only)*
- Applicant worked a combination of part time and full time or was a full time employee during their period of employment. *(Complete Section A and Section B)*

Section A. PART-TIME EMPLOYMENT

1. Period(s) of part-time employment: _____ to _____
_____ to _____
_____ to _____

2. Shift(s) applicant worked during part-time employment: _____

3. Total number of part-time hours worked during peak hours (7 a.m. to 7 p.m.), answer 3(a) or 3(b).

a. Employment of 12 months or less: _____

b. Employment of more than one year, list total hours per year:

Year _____ Hours _____

Year _____ Hours _____

Year _____ Hours _____

c. Total number of hours worked per week: _____

4. Number of staff applicant supervised during part-time employment: _____

Section B. FULL-TIME EMPLOYMENT

1. Period(s) of full-time employment: _____ to _____
_____ to _____
_____ to _____

2. Shift(s) applicant worked during full-time employment: _____

3. Total number of full-time hours worked during peak hours (7 a.m. to 7 p.m.), answer 7(a) or 7(b).

a. Employment of 12 months or less: _____

b. Total number of hours worked per week: _____

c. Employment of more than one year, list total hours per year:

Year _____ Hours _____

Year _____ Hours _____

Year _____ Hours _____

4. Number of staff applicant supervised during full-time employment: _____

REQUIRED: Attach a detailed description of departments or areas of responsibility and or company job description.

I hereby affirm that the information provided on this form and any attachments are true and accurate and I am the authorized person to provide this information by this employer.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email: _____ Phone: _____