

Employee Reference Information



The applicant listed has applied to for employment with Progressive Nursing Staffers and furnished your name as a Clinical reference. Please note the applicant’s authorization and provide us with the information below.

Date: _____

Applicant’s Name: _____ Last 4 digits SSN: _____

Other names used: _____

Facility Name: _____ Assigned Unit: _____

Reference Name: _____ Title: _____

(If reference is completed by Charge Nurse a Nurse Manager must co-sign below):

Manager Signature: _____

Time Employed/Known from: _____ to _____ Phone & Ext: _____

I hereby give my consent to release and all information pertaining to my work experience and status to Progressive Nursing Staffers.

Signature of Health Care Professional

Date

TO BE COMPLETED BY Progressive Nursing Staffers:

Are employment dates correct? Yes No If no: From: _____ to _____

We have maintained a reputation of excellent service because of our comprehensive recruiting program that emphasizes thorough skills evaluation, interviewing and complete reference checks. To maintain these high standards, we ask that you complete this evaluation of the above employee.

EMPLOYEE EVALUATION (PLEASE CHECK ONE)	Exceeds Expectations	Meets Expectations	Fair	Poor
JOB KNOWLEDGE				
QUALITY OF WORK				
INITIATIVE				
ATTENDANCE/PUNCTUALITY				
COOPERATION				
ATTITUDE				

Reason for leaving: _____

Is applicant eligible for rehire? Yes No

Comments: _____

Complete By: _____

Title: _____ Via: _____ Date: _____

If reference done by phone; must have an email correspondence from that Unit Manager/Supervisor