

PROFESSIONAL REFERENCE REQUEST

Please complete this reference request by filling in the blanks above to correspond with your employment application. Please sign and return this form with application.

Employee Name: _____ Facility Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Manager/Supervisor/Head Nurse: _____ Title: _____

The facility listed above has my consent to release any information to Nursefinders pertaining to my employment on the application. I also authorize NFT to disclose this reference to any of its Client institutions and affiliates.

Signature: _____ Social Security #: _____

The individual named above has applied for employment with Nursefinders. To implement our thorough screening process, we ask that you provide the information requested below. Your response will be held in the strictest of confidence. A return business reply envelope has been enclosed for your convenience.

Applicant's Name: _____ Position Held: _____

Employed from: _____ to _____ Is applicant eligible for rehire? Yes No

If No, please explain: _____

FACILITY/UNIT PROFILE:

Unit/floor _____ Specialty _____ #of Unit Beds _____ Avg. Caseload _____

Teaching Non Teaching # of Beds in Facility _____ Charge Experience? Yes No

UNIT DESCRIPTION: _____

PROFESSIONAL REFERENCE:

Key: A=Outstanding B=Very Good C=Good D=Below Average E=Not Observed

	A	B	C	D	E		A	B	C	D	E
Ability to Work Well with Others						Communication Skills					
Accurate/Thorough Documentation						Cooperation					
Adaptability to Patient Assignments						Dependability					
Attendance and Punctuality						Flexibility					
Attitude						Leadership Abilities					
Clinical Skills						Problem Solving Skills					
Quality of Work						Professionalism					

AGE SPECIFIC COMPETENCY: Please check the patient population(s) the employee served.

Neonate/Newborn Infant Toddler Preschooler Older Child Adolescent

Young Adult Middle Adult Older Adult/Geriatrics Comments: _____

Evaluator Name: _____ Signature: _____

Phone: _____ Title: _____ Date: _____