



PROFESSIONAL REFERENCE

The individual listed below has submitted your name as a current/previous employer for reference verification purposes. We appreciate your cooperation in supplying the information below. All information will be held in strict confidence. Thank you for your prompt response.

Employee Name:	Job Title:
Previous Employer:	Hospital City, State:
Unit Type:	Unit Beds:
Supervisor Name:	Supervisor Title:
Supervisor Phone Number:	Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates of Employment:	to

PERFORMANCE EVALUATION

	Exceeds Standards	Meets Standards	Does not Meet Standards
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative on the Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency in Caring for Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works as a Team Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm/ Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Nursing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Skills (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Job in a Timely Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to Facility Policies/Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

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APPLICANT RELEASE

I give PMSI and its agents permission to use and verify any information I have provided. I authorize past, present and future employers, all references and any person asked to verify information or answer questions with regards to my background and future employment, to do so and release them and PMSI from any liability whatsoever resulting from any such investigation or information disclosure.

Employee Signature	Date
Manager Signature	Date