



PROFESSIONAL REFERENCE FORM

Applicant Information

Applicant Name: _____
Last First MI

Position Applied For: _____ SS Number: _____

Reason for leaving: _____

Previous Employment

Name of Supervisor: _____ Unit: _____

Title: _____ Telephone: () _____

Company/Facility: _____
Street Address

_____ *City State Zip Code*

Employee Authorization to Obtain Reference

The facility/company listed above has my consent to provide The Nurse Network information regarding my employment and services I provided while employed by same. I further authorize The Nurse Network to disclose this reference to clients.

Signature

Date

Employer Reference Information

The employee referenced above has asked that you please provide the information request below. Your response will be held in strict confidence. Kindly fax this form back to our confidential fax number, 407-218-8830. Thank you for taking the time to complete the following information.

Categories: A = Excellent B = Very Good C = Average D = Could Better

Please indicate your evaluation level of each of the following categories.

Working Independently: _____

Documentation: _____

Communication Skills: _____

Safety Protocols: _____

Teamwork: _____

Competency: _____

Clinical Skills: _____

Problem Solving: _____

Attendance: _____

Initiative: _____

Would you rehire this employee? Yes No

The Nurse Network
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F: 407-218-8830