

ATTENTION APPLICANTS: PLEASE ENSURE THAT YOU COMPLETE SECTIONS 1, 2 & 6 IN THEIR ENTIRETY BEFORE SENDING THE FORM BACK TO NURSES IN PARTNERSHIP, INC. THANK YOU.



REFERENCE REQUEST
Employers Please Note:

SECTION 1

Supervisor's Name: _____
 Supervisor's Title: _____
 Facility Name: _____
 Telephone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

The following applicant has applied for employment with Nurses in Partnership, Inc. and has submitted your name for reference purposes. Consideration for employment is dependent upon satisfactory references. We would appreciate your cooperation in answering the following questions. Your response will be kept confidential.

SECTION 2

EMPLOYMENT VERIFICATION

Applicant Name: _____ SS # _____
 Employed from: _____ To: _____
 Position held while employed: _____
 Reason for leaving: Resigned Terminated Temporary Employee
 Eligible for rehire? Yes No (Please Explain) _____

SECTION 3

EVALUATION

Please check the appropriate boxes below to best describe applicant's performance while employed.

	Excellent	Very Good	Satisfactory	needs Improvement	Poor		Excellent	Very Good	Satisfactory	Needs Improvement	Poor
Work quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any rating of "needs improvement" or "poor": _____

SECTION 4

Reason for leaving: Resigned Terminated Temporary Employee
 Eligible for rehire? Yes No (Please Explain) _____

SECTION 5

COMMENTS

What else could you tell us about this person, that will assist us in making a strong placement.

Evaluator's Signature: _____ Title: _____

SECTION 6

APPLICANT AUTHORIZATION I authorize the above employer to furnish the above information to Nurses in Partnership, Inc.

Applicant's Signature: _____ Date: _____

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EVALUATION

Please check the appropriate boxes below to best describe applicant's performance while employed.

	Excellent	Very Good	Satisfactory	needs improvement	Poor		Excellent	Very Good	Satisfactory	Needs Improvement	Poor
Work quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any rating of "needs improvement" or "poor": _____

SECTION 4

Reason for leaving: Resigned Terminated Temporary Employee
 Eligible for rehire? Yes No (Please Explain) _____

SECTION 5

COMMENTS

What else could you tell us about this person, that will assist us in making a strong placement.

Evaluator's Signature: _____ Title: _____

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Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any rating of "needs improvement" or "poor": _____

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