



Request for Reference Information

 (Reference Name-Title) _____ (Firm/Hospital Name)

 (Street Address)

 (City) _____ (State) _____ (Zip) _____ (Phone)

Name of Applicant:

Position Held: _____ Specialty Work: _____
 Employed from: Month ____ YR ____ to: Month ____ YR ____ Was employment continuous? Yes ___ No ___

EVALUATION

	Excellent	Good	Average	Poor
Demonstrates technical proficiency	_____	_____	_____	_____
Consistent in quality of work	_____	_____	_____	_____
Establishes priorities	_____	_____	_____	_____
Accepts direction / cooperation	_____	_____	_____	_____
Contributes to departmental continuity	_____	_____	_____	_____
Maintains orderly work and patient care	_____	_____	_____	_____
Documents tests, treatments and results per policy	_____	_____	_____	_____
Handles routine and emergency situations	_____	_____	_____	_____
Adheres to patient infection control / safety procedures	_____	_____	_____	_____
Applies / carries through physician orders	_____	_____	_____	_____
Maintains rapport with hospital staff	_____	_____	_____	_____
Communicates effectively with supervisors	_____	_____	_____	_____
Are the given dates of employment correct?	Yes _____	No _____		
Was this a travel assignment?	Yes _____	No _____		
Is the job title listed correctly?	Yes _____	No _____		
Would you consider this applicant for rehire?	Yes _____	No _____		

Comments: _____

 (Signature) _____ (Title) _____ (Date)