



## Reference Check Form

---

### APPLICANT INFORMATION

<b>Name:</b>	<b>Unit:</b>
<b>Facility:</b>	<b>City/State:</b>
<b>Dates Employed:</b>	For Supervisor Reference: <b>Dates Employed Correct:</b> If No, Correct dates are:

---

### REFERENCE INFORMATION

<b>Name:</b>	<b>Title:</b>
<b>Unit:</b>	<b>Phone/Email:</b>

---

### EVALUATION

<b>Personal Evaluation</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Clinical Skill Set</b>				
<b>Quality of Work</b>				
<b>Professionalism</b>				
<b>Attendance/Punctuality</b>				
<b>Scheduling Flexibility</b>				
<b>Ethical Performance</b>				
<b>Attitude</b>				
<b>Communication Skills</b>				
<b>Task Adaptability</b>				
<b>Appearance</b>				
<b>Work Performed:</b>				
<b>Would you rehire this employee?</b>	<b>Yes</b>	<b>No</b>	_____	

<b>Reference Taken By:</b>	<b>Date:</b>
----------------------------	--------------

Notes: