



Reference Check Form

APPLICANT INFORMATION

Name:

Unit:

Facility:

City/State:

Dates Employed:

REFERENCE INFORMATION

Name:

Title:

*Must be a supervisor

Unit:

Phone/Email:

EVALUATION

Personal Evaluation

Excellent

Good

Fair

Poor

Clinical Skill Set

Quality of Work

Professionalism

Attendance/Punctuality

Scheduling Flexibility

Ethical Performance

Attitude

Communication Skills

Task Adaptability

Appearance

Would you rehire this employee?

Yes _____

No _____

Reference Taken By:

Date:

Notes: