



Professional Reference Request

The person below has applied for employment with HCS and listed you as a current reference for previous/current employment. Please take a moment to evaluate the performance level that you feel this candidate has shown in your experience while employed under your supervision. HCS requests this information for the purpose of securing future employment with our agency. If you wish for this information to remain confidential, please return the form with your signature only and check the box decline comment. We would appreciate your assistance in verifying employment and/or evaluating job performance. All information will be kept CONFIDENTIAL.

Applicant Name:		Date:
Facility:		Position and Unit:
Dates of Employment:	Reference Name and Title:	
Reference Phone Number:	<input type="checkbox"/> Office	<input type="checkbox"/> Cell <input type="checkbox"/> Home Phone

I authorize the person or company completing this form to release all information (including opinion information) regarding my employment with them. I hereby release and hold harmless any individual, or company which is providing information, both factual and opinion to HCS, and HealthCare Staffing, Inc. its representatives and agents, from any legal liability for any damages that may result from the disclosure of this information.

APPLICANT SIGNATURE

DATE

Declined Comment – verify dates of employment only

1. Do the employment dates above correspond with your records? Yes No If not, please provide correct dates. Comments: _____
2. Is there anything in the individual's work history that would pose a threat to patient safety? Yes No
 Comments: _____
3. Was this person ever disciplined for work related conduct/incidents? Yes No
 If so, please provide details on a separate sheet.
4. Would you rehire this employee? Yes No
5. Reason for leaving: _____

	Poor	Below average	Satisfactory	Above average	Excellent
Attitude					
Cooperation					
Professional Appearance					
Dependability					
Attendance and Punctuality					
Adaptability to work situations					
Quality of work					
Quantity of work					
Critical thinking skills					
Clinical skills					
Prioritizing skills					
Safety awareness					
Comments					
Signature of person completing reference				Date:	
Office use only	Verified by:			Date:	



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