



Employment Reference

Applicant name: _____ Last 4 Digits of SSN: ____ _

Name of Hospital/Facility: _____

Address, City, State: _____

Name of Supervisor: _____
(Manager, Charge Nurse or higher) Please Print Title

I hereby authorize my past and present employers to provide information to HealthSource Global Staffing, Inc. about my job performance while in their employment, permanent or temporary. I hereby release all such employers and their representatives from all liabilities for issuing this information to HealthSource. I also authorize HealthSource to disclose the information to client facilities for which I have expressed an employment interest.

Applicant's Signature _____ Date _____

	Above Average	Average	Below Average
Accurate and thorough documentation			
Adaptability to patient assignment			
Attendance and punctuality			
Enthusiasm toward job			
Communication skills			
Clinical skills			
Problem solving skills			
Professional appearance			
Productivity			
Professionalism			
Quality of work			
Cooperation			
Leadership ability			

Dates of Employment: From (MM/YY) _____ To (MM/YY) _____

Specialty / Unit worked _____

Reason for Leaving: Terminated Lay-Off Resigned Temporary Employee

Would you hire this healthcare professional again? Yes No

Supervisor's Signature _____ Title _____ Date _____



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Supervisor's Signature _____ Title _____ Date _____