



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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Would you hire this healthcare professional again? Yes No

Supervisor's Signature _____ Title _____ Date _____