

Professional Reference Request

Please Fax Back to (914) 777-9801

Applicant Section

Applicants full name used while working at this facility

Facilities Name

Facility Address

City State Zip County

Manager/Supervisor's Name Position/Title Phone Number

The facility listed above has my consent to release any information to PearlCare Medical Staffing pertaining to my employment on the application. I also authorize PearlCare Medical Staffing to disclose this reference to any of its Client Facilities and PearlCare Medical Staffing affiliates.

X
Signature Date Social Security Number

Facility Section

Facility: The individual named above has applied for employment with PearlCare Medical Staffing. In order to maintain JCAHO standards, we ask that you provide the information requested below. Your response will be held in the strictest confidence. A business reply envelope has been enclosed for your convenience. Thank you for your assistance.

Check One: Applicant Resigned Applicant was a Temp. Applicant was terminated Other _____

Would you rehire employee? Please explain a reason for your answer

Answer Continued DATES OF EMPLOYMENT

Unit/Floor/Department Specialty Number of Beds Average Patient Caseload

Professional Reference

Key: A: Excellent B: Above Average C: Average D: Barely qualified F: Does not meet standard

___ Adaptability ___ Communication Skills ___ Competency ___ Follows Protocol
 ___ Initiative ___ Professionalism ___ Quality of Work ___ Reliability/Attendance
 ___ Cooperative ___ Thorough Documentation ___ Enthusiasm ___ Relates well with others

Comments _____

X
Signature Date Print Name Title Phone Number

I agree that the above information is true to the best of my knowledge. By signing this document, I attest to this information.