

EMPLOYMENT REFERENCE

I, _____, have applied to **24/7 Staffing Solutions** for employment. They place great importance on thorough screening of all applicants; they would appreciate a prompt and thoughtful response. The information will be kept in strictest confidence by them. Thank you in advance.

I, _____, hereby authorize my employers, school, law enforcement agencies and/or persons who may aid 24/7 Staffing Solutions in determining my suitability for employment, to provide reference information to 24/7 Staffing Solutions. I hereby release all such employees, individuals and/or organizations contacted from all liabilities for issuing this information to 24/7 Staffing Solutions.

My signature

Date

I am a: RN LVN CNA

Manager/Supervisor Name and Title _____

Name and Address of Facility _____

Phone Number: _____ Fax Number: _____

Employment Dates From: _____ To: _____

Reason For Leaving: _____

Area below to be filled out by person giving reference

Is Nurse eligible for rehire: Yes No If No, please explain below:

PERFORMANCE EVALUATION	Meets Standard	Does Not Meet Standard
Demonstrates competency in caring for patients		
Implements a coordinated plan of patient care		
Adheres to facility policies and procedures		
Communicates appropriate with patients/families		
Completes accurate documentation of patient care		
Flexibility and adaptability		
Willingness and ability to float (if applicable)		
Ability to communicate		
Attendance and punctuality		

Name and title of person giving reference

Date

Please fax this form to (562) 494-8795 or (562) 685-0911