

A former employee of your company has recently applied for employment with @Work Medical Services. Our company is dedicated to thorough pre-screening of every applicant, which includes reference checks. We value your assistance and your information is necessary to complete the applicant's profile. You may fax this form to the fax number above, or mail completed form to the address below. Thank you for your assistance in advance.

EMPLOYEE REFERENCE

(To be completed by applicant)

Attention: _____ Phone: _____
 Facility: _____ Dates Employed: From: _____ To: _____
 Address: _____



I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of @WORK Medical Services and other requesting third parties on a need-to-know basis. I also release @WORK Medical Services and its franchisees from all liability for any damages from the disclosure of information.

Applicant Signature: _____ **Date:** _____

(To be completed by @WORK) Social Security Number: _____
 Applicant First, Mi, Last Name: _____
 Position: _____ Salary Requested: _____
 Interviewer: _____ Interview Date: _____

(To be completed by employer)

Please confirm the applicant employment. From: _____ to _____.

Please comment on the applicant's attributes by checking the appropriate box:

EVALUATION	EXCELLENT	GOOD	FAIR	POOR
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge & Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability & Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude & Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Dress and Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility & adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory ability & capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate specialty areas in which the applicant has had experience at your facility:

Please indicate any special considerations necessary when giving assignments to this individual:

Is applicant eligible for rehire? ___ YES ___ NO. If no, why not? _____

Recommendation/comments: _____

Signature: _____ Position/Title: _____ Date: _____