

CONFIDENTIAL REFERENCE VERIFICATION

Applicant's full Name / Title while at this place of employment

The above named applicant has indicated that he/she is or was previously employed by you. Your evaluations of him/her will be sincerely appreciated, and will be held in complete confidence. Both the applicant and I will benefit from an early reply, since his/her employment is pending.

I hereby authorize the facility/institution named below to release all information requested on this confidential reference request.

Applicant's Signature Date

Name of Facility _____

Name of Supervisor/Title _____

Telephone Number _____ Dates of employment: _____ To _____

*****verification may be done by Telephone*****

Position(s) or Title(s) held _____

Reason for leaving _____

Would you re-hire? Yes No If no, why not _____

*** Verification may be done via Telephone*****

Please provide applicable grade in these areas:

Quality of work	Excellent	Good	Adequate	Poor
Quantity of work	Excellent	Good	Adequate	Poor
Clinical competence	Excellent	Good	Adequate	Poor
Judgement	Excellent	Good	Adequate	Poor
Attitude	Excellent	Good	Adequate	Poor
Initiative	Excellent	Good	Adequate	Poor
Attendance, Punctuality	Excellent	Good	Adequate	Poor
Cooperation	Excellent	Good	Adequate	Poor
Adaptability to work situations	Excellent	Good	Adequate	Poor

Signature of Agency representative verifying reference Date
