Specialty Nurses
"Special Nurses for Special Needs"

P.O. Box 203
Lake Nebagamon, WI 54849
Phone 888-336-7557
Fax 715-374-2024

REFERENCE REQUEST

APPLICANT: Please fill out this **REFERENCE REQUEST** section. **Then give this form to the person you have selected as a reference. Please ask them to mail it directly back to us.**

Reference's Name: _____ Job Title: _____

Company: _____ Telephone: (_____)_____

Address: _____
Street City/State Zip

Applicant Authorization: I hereby authorize the reference listed above to furnish the information requested to Specialty Nurses.

Applicant Name Printed:_____

Applicant's Signature: _____ Date: _____

REFERENCE - EMPLOYMENT VERIFICATION

EMPLOYERS: The above named applicant has applied for employment with Specialty Nurses and has submitted your name for reference purposes. We would appreciate your assistance in answering the following questions. Your answers are strictly confidential. **Please fax or mail this completed reference form directly to us.**

Employed From: _____ to _____ Job Title: _____

Reason for Leaving? _____ Resigned _____ Terminated _____ Temporary Employee
Eligible for Rehire? _____ Yes _____ No

EVALUATION

Please circle the appropriate number that best describes the applicant's performance.

Criteria	Exceeds Expectations		Meets Expectations		Does Not Meet Expectations
Knowledge and Skills	5	4	3	2	1
Patient Care	5	4	3	2	1
Attendance/Punctuality/Dependability	5	4	3	2	1
Successfully Completes Assigned Tasks in a Timely Manner	5	4	3	2	1
Communicates Effectively with Co-workers & Supervisor(s)	5	4	3	2	1
Demonstrates Positive Attitude	5	4	3	2	1
Professional Appearance	5	4	3	2	1

COMMENTS

Please include any additional information that you feel is relevant.

_____

_____

Evaluator's **Signature** and Title_____ Date_____