

APPLICANT REFERENCE FORM

Facility/Professional: _____

Address: _____ Phone: _____

Attention: _____ Fax: _____

The applicant below has applied for assignments with S & J Healthcare Staffing, LLC (SJHS) and has given your name as a reference. As a current or previous employer, supervisor or co-worker, you are the most qualified person to evaluate this applicant's skills. The information you provide will be held in strict confidence. The applicant and SJHS would appreciate your prompt assistance. Thank you for your help.

Applicant Name (please print): _____

Social Security Number: _____

I authorize the release of my employment information to SJHS.

Signature: _____ Date: _____

Job Title: _____ Employment Dates: From: _____ To: _____

Please evaluate the applicant in the following areas:

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Attendance:					
Job Knowledge:					
Patient Relations:					
Quality of Work:					
Cooperation/Attitude:					
Eligible for Rehire? (facility use)					

General Comment: _____

Facility Rep/Professional Signature **Title** **Date**