



Medical Staffing Solutions

"The Solution to your Staffing Needs"

REFERENCE INFORMATION

Applicant Name: Position Applying For:

Name of reference: Title:

Phone: E-mail:

I hereby give permission to the above named reference or employer to release information to Medical Staffing Solutions regarding my performance while employed at that facility.

Applicant Signature: Date:

REFERENCE

The Applicant named above is registered with Medical Staffing Solutions and has listed you as a reference. We appreciate your assistance in verifying employment and evaluating job performance.

All information is confidential

Is this employee eligible for rehire? Yes No (Click the appropriate box)

Evaluation Criteria	Poor	Fair	Average	Good	Outstanding
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with patients & staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating as an employee / co-worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on above responses, especially areas of concern:

Obtained By: Date: