



APPLICANT: PLEASE COMPLETE THIS BLOCK ONLY

Applicant's Name: _____ SS# _____
 I give my permission for the following employer to provide this information to ConTemporary Nursing Solutions, Inc.

Signature: _____ Date: _____

Previous Employer _____
 Supervisor's Name/Title _____
 Address _____
 Phone _____
 Dates of Employment _____
 Position(s) Held _____
 Reason for Termination/Departure _____
 Eligible for Rehire? Yes [] No [] if no, explain: _____

REFERENCE FORM

To Whom It May Concern:

ConTemporary Nursing Solutions, Inc. has a commitment of maintaining high quality standards for our clients. This commitment requires us to employ individuals with demonstrated skills and proficiency levels. The applicant whose signature appears above has submitted your name as a reference. We would greatly appreciate your assistance in substantiating the qualifications of our applicant. Your responses will be held in strictest confidence. Thank you in advance for your courtesy and help in this matter.

Please rate the applicant upon the standards of performance expectations for the unit.

PERSONAL ATTRIBUTES

	Excellent	Very Good	Good	Poor
Punctuality	[]	[]	[]	[]
Appearance	[]	[]	[]	[]
Initiative	[]	[]	[]	[]
Adaptability	[]	[]	[]	[]
Efficiency	[]	[]	[]	[]
Follows Policies/Rules	[]	[]	[]	[]
Team Player	[]	[]	[]	[]
Safety Minded	[]	[]	[]	[]

PATIENT CARE/RELATIONS

	Excellent	Very Good	Good	Poor
Patient Rapport	[]	[]	[]	[]
Follows Physician's Orders	[]	[]	[]	[]
Observes/Reports Patient Condition	[]	[]	[]	[]
Charts Accurately	[]	[]	[]	[]
Applies Theory/Skills	[]	[]	[]	[]
Consistent Performance	[]	[]	[]	[]
Performance in Emergencies	[]	[]	[]	[]
Teaches/Directs Patient Care	[]	[]	[]	[]
Infection Control/Safety Awareness	[]	[]	[]	[]
Universal Precautions	[]	[]	[]	[]

Comments: _____

Evaluator's Signature: _____ Date: _____

Position: _____ Dept. /Unit: _____