



PROFESSIONAL REFERENCE CHECK

I authorize _____ from _____
(print name of reference) (name of facility)
 to release information about me for the purpose of providing a pre-employment reference check.

Applicant's Name _____
(print)

Applicant's Signature _____

Reference Name _____ Title/Position _____

Phone _____ Facility _____

Address of Facility _____
(street, city, state, zip)

..... APPLICANT: DO NOT COMPLETE BELOW THIS LINE

Applicant's Position _____ Specialty Area _____

Employment Dates or Dates Worked: from _____ to _____

<small>(Please check the appropriate column)</small>	Exceeds Expectations	Meets Expectations	Meets Some Expectations	Did Not Meet Expectations
Quality of work				
Productivity				
Professionalism				
Emotional Stability				
Flexibility				
Dependability				
Enthusiasm				
Leadership				
Communication				
Attendance/Punctuality				
Appearance and personal grooming				
Personal integrity				
Technical skills				
Documentation skills				
Rapport with co-workers				
Speech—clarity, pleasantness, lucidity				
Functioning during emergency				
Seeking consultation or direction when necessary				
Knowledge and ability to perform specialty				
Evaluation of critical situations				
Awareness of patient's rights				

Would you re-hire this applicant again? Yes _____ No _____

What were some strengths the applicant brought to the position? _____

What were some areas that might benefit from improvement or development? _____

Signature _____ Date _____

PLEASE RETURN THIS FORM TO:

Solvère | 901 Calle Amanecer · Suite 300 San Clemente · CA 92673 | Fax: 888.777.2067

TELEPHONE REFERENCE

The information contained in this reference check is an accurate reflection of the information provided to me by the above named individual.

Name of Interviewer _____ Signature _____ Date _____