

EMPLOYMENT REFERENCE

APPLICANT: PLEASE COMPLETE THIS BLOCK ONLY.

Applicant's Name (Please print) _____ SS# _____

I give my permission for the following employer to provide this information to MedStaff, Inc.

Signature _____ Date _____

To Whom It May Concern:

Med Staff, 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.

Previous Employer _____

Address _____

Position(s) Held _____ Unit _____

Supervisor's Name/Title _____

Phone _____

Dates of Employment: _____

Reason for Termination/Departure: _____

Eligible for Rehire? Yes[] No[] If no, explain: _____

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
Client Rapport	[]	[]	[]	[]
Follows Physician's Orders	[]	[]	[]	[]
Observes/Reports Patient Condition	[]	[]	[]	[]
Charts Accurately	[]	[]	[]	[]
Applies Theory/Skills	[]	[]	[]	[]
Consistent Performance	[]	[]	[]	[]
Performance in Emergencies	[]	[]	[]	[]
Teaches/Directs Relative to Clinical Expertise	[]	[]	[]	[]
Infection Control/Safety Awareness	[]	[]	[]	[]
Universal Precautions	[]	[]	[]	[]

Comments: _____

Evaluator's Signature: _____ Date: _____

Position: _____ Dept./Unit _____

Phone reference: Verified By: _____ Date: _____



3805 WEST CHESTER PIKE, SUITE 200, NEWTOWN SQUARE, PA 19073

PA: (610) 356-6337 • TOLL FREE: (800) 732-9992 • FAX: (610) 353-7850

www.medstaffinc.com

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