

ELIGIBLE FOR REHIRE:	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO



EMPLOYEE PROFESSIONAL REFERENCE

EMPLOYEE'S NAME: _____ DATE: _____

POSITION: _____ UNIT: _____ DISCIPLINE: _____

FACILITY NAME: _____ FACILITY LOCATION: _____

FACILITY PHONE #: _____ EMPLOYED FROM: _____ TO: _____

SUPERVISOR NAME: _____ POSITION: _____ UNIT: _____

SUPERVISOR PHONE NUMBER: _____ EMAIL: _____

The above mentioned Candidate has worked for your facility in the past. We would appreciate if you would complete this Employee Professional Reference Form to assist us in the process of a placement opportunity through Skipstone Healthcare Staffing. Please complete all the fields below, sign and date this form and return it to Skipstone Healthcare Staffing. (information listed below) Please include your name and phone number so that we may contact you for future questions if applicable. Thank you.

ATTENDANCE & PUNCTUALITY	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> POOR
CLINICAL SKILLS	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> POOR
DEPENDABILITY	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> POOR
ADAPTABILITY TO WORK SITUATIONS	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> POOR
PROFESSIONAL APPEARANCE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> POOR
ATTITUDE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> POOR
COOPERATION	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> POOR
PRIORITIZING SKILLS	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> POOR

ADDITIONAL COMMENTS:

EVALUATOR'S NAME: _____

EVALUATOR'S PHONE #: _____ POSITION: _____ UNIT: _____

EVALUATOR'S SIGNATURE: _____ TODAY'S DATE: _____