PROFESSIONAL REFERENCE

Employee's name: Position Held:

The individual named above has applied for employment with TheraEX Staffing Services. We ask that you provide the information requested below. Your response will be held in the strictest confidence. We have a signed consent from this employee/applicant to release any information pertaining to their employment with you. Thank you for your assistance.

Facility Name:

Street Address:

City: ST: Zip:

Manager / Supervisor Name: Title:

Phone Unit/Floor/Dept.:

Type of Work Performed: ☐ Per Diem ☐ Travel ☐ Contract ☐ Staff

Frequency of Shifts Worked: # Shifts: Per Week Per Month

Employed From: (mm/dd/yy) To:

Is employee eligible for rehire? ☐ Yes ☐ No If no, please explain:

Specialty: # of unit beds: Avg. Patient Caseload:

Unit Description:

Charge Experience? ☐ Yes ☐ No Teaching Hospital? ☐ Yes ☐ No # Facility Beds:

Using the following key, please rate this employee's skills:

A = Superior; B = Exceeds Standards; C = Meets Standards; D = Does Not Meet Standards

Standard	A	B	C	D	Standard	A	B	C	D
Adaptability	☐	☐	☐	☐	Professionalism	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐	Quality of Work	☐	☐	☐	☐
Competency	☐	☐	☐	☐	Reliability/Attendance	☐	☐	☐	☐
Follows Safety/Emergency Protocols	☐	☐	☐	☐	Teamwork/Cooperation	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	Thorough/Accurate Documentation	☐	☐	☐	☐

Age Specific Competency (please circle the patient population(s) the employee served):

Neonates/newborns	Toddlers	Older children	Young Adults	Middle Adults
Infants	Preschoolers	Adolescents	Older Adults/Geriatrics	

Comments:

Name of Evaluator Signature *Crystal White*

Title: Phone: 415-770-8755 Date:

Branch: Employee taking Reference: Crystal White

(if applicable)