



REFERENCE FORM

Character () Employment (x)

I, _____ expressly authorize, without reservation, GRACE LINE NURSING to contact and obtain information from all listed references, licensing authorities, professional associations and educational institutions and to otherwise verify the accuracy of all information provided by me in this form, on the resume provided and/or during the interview process. I hereby waive any and all rights and claims I may have regarding GRACE LINE NURSING for seeking, gathering and sharing such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Print Name: _____ Date: _____

Applicant Signature _____ SSN#: _____

Dates Employed: _____ thru _____

Evaluator Instructions:

Please complete the following information and return directly to GRACE LINE NURSING Human Resource Dept. by mail or Fax at the address below.

Name: _____ Occupation _____

Address: _____
Street City State Zip

Phone: (Daytime) _____

Email _____

How long have you known the applicant? _____

In what capacity? (Please check below)

Employer Supervisor _____ Co-worker _____ Student _____

Other (specific) _____

Is this employee eligible for rehire? Yes, _____ No _____ Conditional _____

If No/Conditional, please explain _____

Are the dates of Employment correct: Yes No (if no specify _____ to _____ ?)

PART I: Please indicate your evaluation of the applicant with a check mark.

	Superior 5	4	Average 3	2	Below Average 1	Not Observed
Intellectual Ability						
Communication skills						
Emotional maturity						
Adaptability						
Team Player						
Dependability						
Conflict resolution						
Patient Interaction						
Awareness of limitation						
Reaction to criticism						
OVERALL EVALUATION						



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GLNORNING