Work Reference

The person below has registered with *Advance Nursing* and has listed you as a previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is CONFIDENTIAL.

Applicant Release

Applicant: Name: _____
Last First MI Maiden

Social Security #: _____ Position Held: _____

Dates employed: From _____ to _____ Unit: _____

Employer: _____
Evaluator's Name Position Phone #

_____
Facility Name Fax #

_____
Address of facility City State Zip

I authorize the person or company completing this form to release all information (including opinion information) regarding my employment. I hereby release and hold harmless any individuals, or company, which is providing this information, both factual, and opinion to Advance Nursing, its representatives and agents, from any legal liability for any damages that may result form the disclosure of this information.

_____ _____
Applicant Signature Date

Employer Response

Note to Employer: The *person whose name appears at the top of this form has applied with Advance Nursing for employment in the health care field and has submitted your name as the employer for reference. We would appreciate your cooperation in replying to the survey listed below*.

1. Do the employment dates above correspond with your records? Yes _____ No _____ (If no, then: _____ to _____)

2. Is there anything in the individual's work history that would pose a threat to patient safety? Yes _____ No _____

3. Would you rehire this employee? _____ Yes _____ No

Performance Evaluation	Exceeds Expectations	Meets Expectations	Below Expectations	Unsatisfactory	Not Observed
Accepts Supervision					
Appearance					
Attendance					
Attitude					
Dependability					
Job Knowledge/Skills					
Judgment					
Quality of Work					

H.R. DATE ONLY VERIFICATION ☐

_____
Name and Title (Please print) Signature Date

Telephone Verification: By:_____ Date _____Signature_____