



20042 19th Avenue NE
 Shoreline, WA 98155-1211
 Phone: (206) 546-2966
 Fax: (206) 546-4210

CONFIDENTIAL EMPLOYMENT REFERENCE REQUEST

To:

Supervisor's Name:		Title:
Company / Facility:		Phone #:
Address:		
City:	State:	Zip Code:

The applicant has indicated that he/she was previously or is still employed by you. Your evaluation of this applicant will be greatly appreciated and will be held in complete confidence. Both the applicant and I will benefit from an expedient reply, since his/her employment is pending. Thank you very much for your cooperation and time.

Applicant's Name:	Position/Title:
Dates Employed: From:	To:
I hereby authorize the company/facility/supervisor named-above to release all information requested on this Confidential Employment Reference Request to Healthcare Network. I hereby release you from any and all liability in supplying any information regarding my employment with you.	
Signature: _____	Date: _____

Does the above employment dates and position/title correspond with your records? Yes No
 If No, what are the accurate employment dates? _____

Would you re-hire this applicant? Yes No
 If No, why not? _____

Please mark one of the following for each characteristic that best describes this applicant.

	Good	Adequate	Poor
Quality of Work:	☐	☐	☐
Attendance:	☐	☐	☐
Reliability:	☐	☐	☐
Punctuality	☐	☐	☐
Cooperation:	☐	☐	☐
Professionalism:	☐	☐	☐
Initiative:	☐	☐	☐
Overall Nursing Skills:	☐	☐	☐

Other comments (your remarks are the most important part of this reference request):

1st Fax: _____ / _____ / _____
2nd Fax: _____ / _____ / _____
The above initial(s) and date(s) document Healthcare Network's attempt to obtain a reference check via Fax.

Signed by: _____
 Title: _____
 Date: _____