Healthcare Network
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: _____