

Supplemental Health CareSM

STAFFING SPECIALISTS

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Reference Form

I, _____ Social Security Number: _____

have applied for employment with Supplemental Health Care. I authorize my past and present employers to provide information on my performance while in their employment.

Applicant's Signature: _____

Name of Person Providing a Reference and Their Phone#: _____

VERIFICATION OF EMPLOYMENT

Description of relationship between person providing reference and applicant: _____

Dates of employment: *From:* *To:* _____

Place of employment: *Facility/Agency Name:* _____

Address: _____

City, State, Zip: _____

Position held while employed there: _____

Eligible for Rehire: Yes No Unable to comment or Not noted

PERSONAL EVALUATION

Please check the appropriate boxes to best describe applicant's performance while under your employment

	EXCELLENT	VERY GOOD	SATISFACTORY	FAIR	POOR
ATTENDANCE					
RELIABILITY					
COOPERATIVENESS					
PROFESSIONAL/ CLINICAL SKILLS					

Additional Comments: _____

Reference Signature Date Title

SHC Representative Signature Date Title