

Reference Form

Applicant Name: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Reference Name: <input style="width: 90%;" type="text"/>	Facility Name: <input style="width: 90%;" type="text"/>
Reference Title: <input style="width: 90%;" type="text"/>	Contact Phone #: <input style="width: 90%;" type="text"/>
	Email: <input style="width: 90%;" type="text"/>
Please return form to: <input style="width: 90%;" type="text"/>	Phone Number: <input style="width: 90%;" type="text"/>
	Fax Number: <input style="width: 90%;" type="text"/>

To whom it may concern:

The applicant named above has applied to First Assist for employment and has furnished your name as a reference. Please note the Authorization and Release signed by the applicant below and provide us with the answers to the following questions. Your prompt response is appreciated.

1. Reason employment ended:

2. How was his/her attendance? Please check one: Excellent Good Fair Poor

3. What were his/her duties?

4. How were his/her clinical skills? Please check one: Excellent Good Fair Poor

5. What are his/her strong points?

6. Any areas needing improvement?

7. How did he/she get along with others? Please check one:		Peers:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		Subordinates:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		Managers:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Additional Comments:

SIGNED BY (Reference signature) _____	DATE _____
Evaluation taken by: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>

Authorization and Release by Applicant: I am applying for employment with First Assist. I hereby request and authorize the reference named above to answer all questions that may be asked, and to provide all information that may be requested by First Assist in connection with my application. I HEREBY EXPRESSLY RELEASE THE REFERENCE NAMED ABOVE FROM ANY AND ALL LIABILITY OF WHATEVER KIND AND NATURE WHICH, AT ANY TIME, MAY RESULT FROM PROVIDING THE REQUESTED INFORMATION.

SIGNED BY (Applicant signature) _____	DATE _____
---------------------------------------	------------

Reference Form

Applicant Name: Date:

Reference Name: Facility Name:

Reference Title: Contact Phone #: Email:

Please return form to: Phone Number: Fax Number:

To whom it may concern:

The applicant named above has applied to First Assist for employment and has furnished your name as a reference. Please note the Authorization and Release signed by the applicant below and provide us with the answers to the following questions. Your prompt response is appreciated.

1. Reason employment ended:

2. How was his/her attendance? Please check one: Excellent Good Fair Poor

3. What were his/her duties?

4. How were his/her clinical skills? Please check one: Excellent Good Fair Poor

5. What are his/her strong points?

6. Any areas needing improvement?

7. How did he/she get along with others?
Please check one:

Peers:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Subordinates:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Managers:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Additional Comments:

Signed By (Reference signature)

Date

Evaluation taken by:

Date:

Authorization and Release by Applicant: I am applying for employment with First Assist. I hereby request and authorize the reference named above to answer all questions that may be asked, and to provide all information that may be requested by First Assist in connection with my application. I HEREBY EXPRESSLY RELEASE THE REFERENCE NAMED ABOVE FROM ANY AND ALL LIABILITY OF WHATEVER KIND AND NATURE WHICH, AT ANY TIME, MAY RESULT FROM PROVIDING THE REQUESTED INFORMATION.

Signed By (Applicant signature)

Date