

# Reference Form

Applicants Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Dates you worked with candidate: \_\_\_\_\_ to \_\_\_\_\_

I authorize the following information to be released to Health Specialists, Inc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Performance and Attributes:

Experience Scale:            1 = Above Standard  
   2 = Meets Standard  
   3 = Below Standard  
   4 = N/A

|   |   |   |   |   |
|---|---|---|---|---|
| Quality of Work & Productivity                              | 1 | 2 | 3 | 4 |
| Communicates effectively w/ Patients, families & co-workers | 1 | 2 | 3 | 4 |
| Flexibility & Dependability                                 | 1 | 2 | 3 | 4 |
| Attendance & Punctuality                                    | 1 | 2 | 3 | 4 |
| Leadership & Management                                     | 1 | 2 | 3 | 4 |
| Overall Professionalism                                     | 1 | 2 | 3 | 4 |

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Completed By: \_\_\_\_\_

Date: \_\_\_\_\_