Print Form

PRN Consultants

AUTHORIZATION TO PROVIDE REFERENCE INFORMATION

Please print the name, address, and phone number of your previous employer reference below.

To:

_____

_____

_____

Phone: _____

_____
Nurse's Name (Print)

Attention:

_____

(I hereby grant permission for PRN Consultants to obtain information regarding my employment.)

My Social Security Number is: _____

I was employed from _____ to _____

_____ _____
Signature of Nurse Date

Dear Employer:

The above named nurse has applied to us for placement and we would appreciate any references you would be able to provide.

Would you please rate the nurse on the following:

	Excellent	**Good**	**Fair**	**Poor**
Attendance	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Performance	_____	_____	_____	_____
Skill	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____
Appearance	_____	_____	_____	_____
Co-operation	_____	_____	_____	_____

Type of work performed: _____

Would you rehire this employee: _____ Yes _____ No

Any additional information you feel will be helpful to us: _____

_____

_____

_____ _____ _____
Signature Title Date

We sincerely appreciate your cooperation.