Continental Nurses

136 Corporate Park Drive, Ste F ♦ Mooresville, NC 28117 ♦ Phone (888) 894-2900 ♦ Fax (888) 894-2073

EMPLOYMENT REFERENCE

Applicant Name: _____

Supervisor Name and Title: _____

Contact Phone Number: _____

Hospital: _____

Hospital Address: _____ City: _____ State & Zip: _____

I hereby authorize my past and present employers to provide information to Continental Nurses about my job performance while in their employment, permanent or temporary. I hereby release all such employers and their representatives from all liabilities for issuing this information to Continental Nurses. I also authorize Continental Nurses to disclose the client facilities for which I have expressed an employment interest.

Applicant Signature: _____ Date: _____

Employers Please Note: The above named individual has applied to Continental Nurses for employment in the healthcare field and has submitted you name as an employer reference. We would greatly appreciate it if you would take a few moments to complete the following questions. Please return this completed form to Continental Nurses at the address above.

Performance Evaluation	*Above Average*	*Average*	*Below Average*
Ability to work well with others……..			
Accurate and thorough documentation…….			
Adaptability to patient assignment……..			
Attendance and punctuality……..			
Attitude…….			
Clinical skills……....			
Communication skills……...			
Cooperation……....			
Dependability…….....			
Leadership ability…….			
Problem solving skills……..			
Professional appearance……...			
Work quality…….			

Dates of Employment:

The Applicant was employed at our facility from: _____ to: _____

Specialty/Unit worked on: _____

Was this a travel assignment? ☐ Yes ☐ No RN eligible to return or be rehired? ☐ Yes ☐ No

Reason for Leaving: (please circle one) Resignation Termination Temporary Employee

Additional Comments: _____

_____

_____

Signature and Title: _____ Date: _____

Phone Number: _____