

RELIANCE ON CALL

• *Professional HealthCare Staffing Services*

P.O. Box-6810, Champaign, IL 61826-6810 • (217) 398-2110 • Fax: (217) 398-0024

EMPLOYMENT REFERENCE

(For: _____)

Employer Name: _____

Contact Name: _____ Title: _____

Address, City, State, Zip: _____

Phone Number: _____ Best time to Call: _____

<i>Work Performance</i>	<i>Better Than Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Remarks</i>
<i>Clinical Skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Quality of Work</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Problem Solving Skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Productivity</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Interpersonal Skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Communication Skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Dependability</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Job Knowledge</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Thorough and Accurate Documentation</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Professional Appearance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Adherence to Infection Control</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Ability to Accept Leadership Role</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<i>Safety</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Employment Dates: From: _____ To: _____

Applicant: Resigned Terminated Temporary Employee Still Employed

Would you re-employ applicant? Yes No

Additional Remarks: _____

I authorize Reliance On Call to request the above employment reference information.

Applicant's Signature