

Reference Letter



American Traveler
Staffing Professional Brands
50 States Staffing
Travelforce Staffing

Verification of Employment

Applicant's Name _____ SSN _____ Employment Dates _____ to _____
 Name used at time of employment _____ Travel Per Diem Core Staff
 Role: RN LPN ORT ALLIED Please Indicate: _____ OTHER Please indicate: _____
 Unit or Area worked _____ Reason for Leaving: Resignation Termination Temporary Employee
 Eligible for Rehire? Yes No If no, please explain _____

<p>Notice to Employer The applicant has applied to American Traveler and affiliates for employment and has submitted your name as a former employer for reference purposes. Our responsibility and commitment to our client hospitals is such that any consideration of the individual is dependent upon receipt of satisfactory references. Therefore we would appreciate your cooperation in answering the questions below. Your responses will be kept in the strictest of confidence. Thank you.</p>	<p>I hereby authorize the employer to furnish the requested information to American Traveler Staffing Professionals and affiliates.</p> <p>Applicant's Signature _____</p> <p>Date _____</p>
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Please print clearly in black ink

Reference Given by: _____ Title _____
 Facility _____ Unit/Area _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Signature _____ Title _____ Date _____

Verified Employment Dates Only

Evaluation: Please check the appropriate boxes below to best describe the applicant's performance.

Performance Evaluation	Excellent	Very Good	Satisfactory	Needs Improvement	Poor	N/A
Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Float	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Patient Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Safety / Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient / Family Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Attributes						
Adaptability / Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation / Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____						

For Corporate Use Only

Date/Time _____ Verified by _____ Signature _____