# Telephone Reference

**Applicant: Please Complete This Top Section Only**

Employee's Name _____ SSN _____

Name of Supervisor _____ Title _____

Name of Hospital or Facility _____

Facility Address _____

Telephone No. _____

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

Employee's Signature _____ Date _____

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| **Job Performance** | **Excellent** | **Above Avg.** | **Satisfactory** | **Needs Improv.** |
|---|---|---|---|---|
| Ability to Work Well with Others | _____ | _____ | _____ | _____ |
| Accurate and Thorough Documentation | _____ | _____ | _____ | _____ |
| Attendance and Punctuality | _____ | _____ | _____ | _____ |
| Attitude and Cooperation | _____ | _____ | _____ | _____ |
| Clinical Skills | _____ | _____ | _____ | _____ |
| Communication Skills | _____ | _____ | _____ | _____ |
| Dependability and Flexibility | _____ | _____ | _____ | _____ |
| Leadership Abilities | _____ | _____ | _____ | _____ |
| Problem Solving Skills | _____ | _____ | _____ | _____ |
| Professional Appearance | _____ | _____ | _____ | _____ |
| Work Quality | _____ | _____ | _____ | _____ |
| Time Management | _____ | _____ | _____ | _____ |

Dates of Employment: From_____ To_____

Position Held by Applicant under Your Supervision (please circle one): RN LVN-LPN ORT-CST CRTT-RRT Other _____

Reason for Leaving (please circle one): Resignation Termination Applicant was a Temp Employee

Is the individual eligible for rehire? (Please circle one) Yes No

Comments: _____

_____

Signed _____ Title _____