

## PRIOR EMPLOYEE REFERENCE CHECK

Job Title: \_\_\_\_\_  
Branch Loc.: \_\_\_\_\_

I hereby authorize my former employer(s) to release to *Access Nursing* any and all information, including, but not limited to, written documentation regarding my employment and termination with the company mentioned below.

Applicant Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ SS#: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Other Name Worked Under: \_\_\_\_\_

Company Name: \_\_\_\_\_

**TO BE  
COMPLETED  
BY  
APPLICANT**

Name of Reference: \_\_\_\_\_

Time Employed/Known From \_\_\_\_\_ To \_\_\_\_\_

Please check box:

- Personal reference  
 Work reference

### TO BE COMPLETED BY EMPLOYER

We have maintained a reputation of excellent service because of our comprehensive personnel selection program which emphasizes thorough skill evaluation, in-depth interviewing and complete reference checks. To maintain these high standards, may we ask you to complete this evaluation of the former employee mentioned above? **We assure you that your answers will be held in strict confidence.**

Are dates correct? \_\_\_\_\_ If no: From \_\_\_\_\_ To \_\_\_\_\_

EMPLOYEE EVALUATION <small>Please Check</small>	EXCELLENT	ABOVE AVERAGE	ACCEPTABLE	UNSATISFACTORY
Attendance/Punctuality				
Ability to get along with others				
Quality of work				
Job knowledge				
Initiative				
Dependability				
Attitude				

Reason for leaving: \_\_\_\_\_

*Thank you for helping us supply the best in temporary help.*

Your Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Your Title: \_\_\_\_\_ Date: \_\_\_\_\_

Your Company Name/Stamp: \_\_\_\_\_ Would You Re-Hire? Yes  No

Telephone: ( ) \_\_\_\_\_ Verified by \_\_\_\_\_ Date \_\_\_\_\_ Intl. \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

**AFTER COMPLETING THIS FORM** 1. Turn form over and fold on dotted lines as indicated. 2. Staple or tape at bottom. 3. Mail to our office 4. Or Fax: To the correct number above.