



Candidate Reference Form

Candidate Name:	
Reference Name:	
Reference Title:	Relation to Candidate:
Reference Phone:	Email:

Facility and Employment Details

Facility Name:		
Facility Phone:		
City/State/Zip:		
Employed From:	To:	
Position Held:	Specialty:	
Shift Times:	Average Patient Ratio:	
Travel Assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Charge Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisory Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Contract

Performance and Attributes

	Above Standard	Meets Standard	Below Standard	N/A
Provides Competent Clinical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Facility Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates Effectively with Patients/Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates Effectively with Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate and Thorough Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility and Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:				

Reference Conducted Via: Phone Email

Completed By: _____ Date: _____