

## Prior Employment Reference Verification

Date: \_\_\_\_\_

Please check method of gathering reference data:  Verbal  Mail

COMPANY NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

Attention Previous Employer:

The individual named below is applying for a position and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response. Thank you in advance.

\_\_\_\_\_  
1<sup>st</sup> Nurse Registry Representative

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Applicant: \_\_\_\_\_  
                                    Last                                    First                                    MI                                    (Maiden)

Position Held: \_\_\_\_\_

I hereby release from all liability the above referenced organization and authorize release of all information requested regarding my employment. I understand that this information may be released to clients of 1<sup>ST</sup> NURSE REGISTRY and other requesting third parties on a need-to-know basis. I also release 1<sup>ST</sup> NURSE REGISTRY from all liability from disclosure of this information.

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

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1. Please confirm the applicant's employment. From (date): \_\_\_\_\_ To (date): \_\_\_\_\_
2. Please confirm applicant's job title: \_\_\_\_\_
3. Please confirm applicant's pay rate: \_\_\_\_\_
4. Please comment on the applicant's attributes using the following scale: 4 = Excellent; 3 = Good; 2 = Fair; 1 = Poor; N/A = Not Applicable
  - a. Quality of Work: 1 2 3 4 \_\_\_\_\_
  - b. Knowledge and Skills: 1 2 3 4 \_\_\_\_\_
  - c. Reliability and Attendance: 1 2 3 4 \_\_\_\_\_
  - d. Cooperation: 1 2 3 4 \_\_\_\_\_
  - e. Please indicate specialty areas in which the applicant has had experience: \_\_\_\_\_
  - f. Please describe the major job responsibilities in this position: \_\_\_\_\_
- g. Is applicant eligible for rehire:  Yes  No
- h. Would applicant be a good match for this position (1<sup>st</sup> Nurse Registry vacancy)? \_\_\_\_\_

(Attach additional sheets if necessary)

Signature: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Signature of former employer (if by mail) – Signature of 1<sup>ST</sup> NURSE REPRESENTATIVE (if verbal)**