



Professional Letter of Reference

Applicant fill out top half of form and submit to employer to complete bottom half and mail or fax to our office.

Name of Facility: _____ Phone: _____
 Name of Supervisor: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Dear Employer:

The below named employee has given INS permission to request reference information from you. We would appreciate your response to the following questions. Please be assured that your answers will be held in strict confidence. Please fill out this form and return to the address above or fax to 817-595-3619.

Name of Employee: _____
 Social Security #: _____ Position Held/Unit: _____
 Dates of Employment: From: _____ To: _____

I, the undersigned, do hereby release my former employer(s) from any and all liability that may be related to the disclosure of the information herein above requested and do further consent to release by my former employer(s) of such information regarding my employment as may be necessary to accurately complete the application process.

 Applicant's Signature

 Date

EMPLOYEE EVALUATION

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>
1. Demonstrates competent clinical knowledge in caring for pts.	_____	_____	_____	_____
2. Provides safe patient environment.	_____	_____	_____	_____
3. Implements a coordinated plan of patient care.	_____	_____	_____	_____
4. Adheres to facility policy and procedure.	_____	_____	_____	_____
5. Completes accurate documentation of patient care.	_____	_____	_____	_____
6. Communicates appropriately with patient and family.	_____	_____	_____	_____
7. Takes initiative and demonstrates flexibility.	_____	_____	_____	_____
8. Demonstrates interest and enthusiasm.	_____	_____	_____	_____
9. Willingness and ability to communicate with staff.	_____	_____	_____	_____
10. Attendance and Punctuality.	_____	_____	_____	_____
11. Professional appearance	_____	_____	_____	_____
12. Handles routine & emergency situations	_____	_____	_____	_____

Are the dates of employment given correct? **Yes No**

Is the job title listed correctly? **Yes No**

Was this a travel assignment? **Yes No**

Would you consider this person for rehire? **Yes No**

Comments: _____

 Supervisor Signature

 Title

 Date

<p>I am interested in learning how Independent Nursing Services can help staff my facility. Please send information regarding Independent Nursing Services list of services.</p>	
Name: _____	Phone: _____
Title: _____	Fax: _____