



APPLICANT REFERENCE SHEET

To: _____ Phone: _____
Fax: _____
Is this the reference's Work OR Home?
Relationship: _____ Facility: _____ Hrs to call: _____

You have been named as a reference by the applicant listed below. Please take a few moments and provide the information requested. We thoroughly screen all of our applicants, and we cannot overstate the importance of your comments. This information will be held in strict confidence. A return envelope has been provided for your convenience. Thank you in advance for your prompt reply.

Sincerely,
Colleen Creyts RN, BSN
Client Services Manager
Health Care Innovations, Inc.
Fax: (800) 476-2066

APPLICANT: _____

I hereby authorize the following information to be released to INNOVATIONS.

Signature of Applicant _____ Date _____

POSITION HELD: _____ DATES EMPLOYED: _____

Please comment on the applicant's following attributes:

Reliability and Attendance: _____
Cooperation: _____
Supervisory Ability and Capacity: _____
Competency: _____

Please indicate specialty areas in which the applicant has had experience: _____

Would you rehire this applicant? _____ If not, why? _____

Please use the backside for any additional comments.

Signature of Reference _____ Date _____