



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 \_\_\_\_\_