

# Network Staffing Resources, Inc.

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## TO BE COMPLETED BY THERAPIST

APPLICANT: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

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

COMPANY ADDRESS: \_\_\_\_\_

I, the undersigned, authorize you to release any information requested on this form to Network Staffing Resources, INC. I  DO  DO NOT waive my right to review this reference with management or Network Staffing Resources. Further, I agree that this reference may be disclosed to an authorized representative from a client facility of Network Staffing Resources, INC.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## TO BE COMPLETED BY FACILITY

The applicant listed has applied for employment with Network Staffing Resources, INC. We would appreciate your response to the questions below. All references are kept confidential. A great deal of importance is placed in screening of all employees. An early reply would be greatly appreciated.

Thank You

Please evaluate the following areas:

M = More than Satisfactory

I = Improvement needed

S = Satisfactory

U = Unsatisfactory

ICU Skills

Quality of work

Quantity of work

Problem solving skills

Initiative

Reaction to stress situation

Dependability

Interpersonal relations

Floor therapy skills

Integrity

Professional maturity

Attitude

Cooperation

Ability to organize

Appearance

Skill proficiency

Yes No Would you recommend this person to work without close supervision?

Yes No Is this person acceptable for re-employment?

Comments: \_\_\_\_\_

Facility: \_\_\_\_\_ Dept.: \_\_\_\_\_

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