



Linil Visiting Nurses, Inc.

2211 Lee Road Suite 109 Winter Park, FL 32789
Phone: (407)-790-4848 Fax: (407)-790-4847
www.LinilVisitingNurses.com

Employment Reference Check

Please fill out this form and mail or fax back to our office.

Send To:	Applicant Information
Company: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ ZIP: _____ Phone: (____) - ____ - ____ May we contact you at Fax: (____) - ____ - ____ your work number? Cell Phone: (____) - ____ - ____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name: _____ First Name: _____ Position Held: _____ Dates of Employment: ____ / ____ / ____ → ____ / ____ / ____

Applicant Authorization
 I hereby authorize all my former employers to release all records of employment to who may request such information in connection with my application for employment, transfer or promotion. I hereby release my former employers from any and all liability of any type as a result of providing the below mentioned information.

Certification:	Print Name	Signature	Date
Applicant			

Linil Visiting Nurses, Inc. Official Request
 The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. As you will note from the waiver above, the applicant has authorized you to release this information. Your efforts to return this reference promptly to the sender at our address/fax are much appreciated. Lack of response may defer this applicant's chances of employment. Thank you.

Certification:	Print Name	Signature	Date
HR Manager			

PREVIOUS EMPLOYER COMPLETES THIS SECTION

Are the dates of employment and positions held correct? Yes No
 If not, please explain: _____
 Position held when she / he worked with you: _____

Behavior/Performance: Rate the employee on a scale of 1 to 5, with 1 indicating poor performance and 5 indicating best performance

General Performance Measures	1	2	3	4	5
Attendance and promptness: (frequency of absences/tardiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work: Accuracy, neatness, thoroughness in completing job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work: Ability to complete assigned work in prescribed time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude: Personality, temperament, cooperation and loyalty to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability: Acceptance of responsibility and duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Job: Understanding of job assignment in accordance with job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance and Cleanliness: Personal grooming and hygiene in accordance with job duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Awareness: Adherence to institution's safety standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Continuing Education: Response to class or continuing education and staff meeting attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills: Providing polite attention to other people, especially clients/patients and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative: Ability to find work and capacity for self-reliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the applicant is a clinician, please rate his/her:					
Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Separation: _____ _____ Eligible for Rehire? _____ Other Comments: _____ _____ _____	LVNI Use Only: Request by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Telephone
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Certification:	Print Name	Signature	Date
Employer			