



LINIL VISITING NURSE INC. LINIL VISITING NURSES INC.

4314 Edgewater Dr. Orlando, FL 32804 Ph: 407-299-1933 Fax: 407-299-3503

Employment Reference Check

To: _____

APPLICANT INFORMATION AND AUTHORIZATION

Applicant's Name: _____
Position Held: _____
Dates Employed: _____

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.

Applicant Signature: _____ Date: ____/____/____

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 the above address indicated below are much appreciated. Lack of response may defer this applicant's chances of employment. Thank you.

Human Resources Representative: _____ Date: ____/____/____

PREVIOUS EMPLOYER COMPLETES THIS SECTION					
Are the dates of employment and positions held correct? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, please explain: _____					
Position held when she / he worked with you: _____					
BEHAVIOR (Please check the appropriate rating.)					
	OUTSTANDING	ABOVE AVG	SATISFACTORY	BELOW AVG	POOR
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"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Separation: _____

Eligible for Re-Hire: Yes No

Other Comments (Dependability, Honesty, Trustworthiness): _____

Employer's Signature _____ Title _____ Date ____/____/____

FOR PERSONNEL USE: Method Telephone Mail Fax Other