

HEALTH SOURCE GROUP

EMPLOYMENT REFERENCE FORM

Applicant Name _____ Discipline _____

Facility _____ Dates of Employment _____

Contact Name (Supervisor) and title _____

Contact Telephone Number _____ Ext _____

I hereby give my consent to release any and all of my employment records to **HEALTH SOURCE GROUP** that may be relevant to my work history with regard to references and past performance history. This information may be given verbally or in writing with my full permission.

(Print Name)

(Signature)

Kindly complete this form with regard to the above applicant's work history and return to Health Source Group via fax to 516-605-1306. Please call us with any questions or concerns at 516-605-1310 ext 204.

The above mentioned applicant was in our employ from _____ through _____

Please rate this applicant's past performance history while in your employ:

	EXCELLENT	GOOD	FAIR	POOR
<u>Reliability:</u>	_____	_____	_____	_____
<u>Applied Clinical Skills:</u>	_____	_____	_____	_____
<u>Verbal Skills:</u>	_____	_____	_____	_____
<u>Work Relationships:</u>	_____	_____	_____	_____
<u>Ability to work independently:</u>	_____	_____	_____	_____
<u>Productivity:</u>	_____	_____	_____	_____

Would you rehire this individual? YES NO

Comments: _____
