



Holsman Healthcare, LLC
 Healthcare Staffing and Consulting Services
 Tel: 973-393-5545 / 973-759-1494 / 877-268-9100 Fax: 973-759-0557

Reference Check

Applicant Name:
Facility:
Position & Unit:
Dates of Employment:
Supervisor Name & Title:
Supervisor Phone Number:
Date / Time of Reference Check:
Person Conducting Reference Check:

The applicant above has listed you as a current reference for previous employment. Please take a moment to evaluate the performance level you feel this candidate has shown in your experiences while employed under your supervision.

Holsman Healthcare requests the following information for the purpose of securing future employment for the applicant as a travel employee with our agency. If you wish this reference to remain confidential, please return the form with your signature only and check the box below for "Decline Comment". We appreciate your assistance in helping to verify the performance and skill level of our applicant. Thank you.

<input type="checkbox"/> Declined Comment (Verify Dates of Employment Only)
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	Poor	Below Average	Satisfactory	Above Average	Excellent
<i>Attitude</i>					
<i>Cooperation</i>					
<i>Professional Appearance</i>					
<i>Dependability</i>					
<i>Attendance & Punctuality</i>					
<i>Adaptability to Work Situations</i>					
<i>Quality of Work</i>					
<i>Quantity of Work</i>					
<i>Critical Thinking Skills</i>					
<i>Clinical Skills</i>					
<i>Prioritizing Skills</i>					
<i>Safety Awareness</i>					
Comments:					
Signature of person conducting reference check				Date of Reference check:	



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