

A+ NURSING, INC
Reference Request

I authorize the release of any and all information, whether such information is of the record or not, and I hereby release you, and all persons, firms, agencies, companies from any damages resulting from furnishing such information. I understand that all information obtained will be held in confidence and I acknowledge that a copy or facsimile of this document carries that same validity as the original.

Employee Name: _____ Soc. Security #: _____

Alternative Name(s): _____ Signature: _____

The above individual has applied for a position with our company. The applicant has given your name as a reference for employment. The serious nature or responsibility to our clients is such that any consideration of the individual by A+ Nursing, Inc. is dependent on satisfactory references. We would appreciate your cooperation in replying to the information below, in a timely manner. If you have any questions, please feel free to contact our office at 800-531-0272.

Sharon Love
Director of Operations

Previous Employer: _____ Phone: _____

Company Contact _____ Title: _____

Dates of Employment: _____ Position: _____

Eligible for Rehire Yes No (If no, please state reason): _____

	Excellent	Average	Poor	Comments
Job Knowledge and Understanding				
Attendance				
Attitude				
Appearance				
Cooperation				
Judgment				
Overall Performance				

Personal Reference:

Contact: _____ Phone Number: _____

Relationship: _____ Years Known: _____

Comments/Remarks: _____

Date Checked: _____

A+ Nursing, Inc Representative: _____