

Professional Reference Verification Form (Email to: hr4nurses@gmail.com)

Applicant Information

Name of Applicant: _____ Date: _____

Position Applied For: _____

Reference Information

Name of Reference: _____

Title/Position: _____

Company/Facility Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to Applicant: _____

Dates of Employment: From _____ To _____

Verification Questions

1. What was the applicant's job title and main responsibilities?
2. Was the applicant's employment full-time or part-time? ☐ Full-time ☐ Part-time ☐ PRN
3. How would you describe the applicant's quality of work? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
4. How would you describe their attendance and reliability? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
5. How was the applicant's relationship with co-workers and supervisors? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
6. Was the applicant eligible for rehire? ☐ Yes ☐ No ☐ Would consider
7. Reason for leaving (if known):

8. Additional comments about performance, attitude, or professionalism:

Reference Completed By

Name: _____ Title: _____

Signature: _____ Date: _____

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