

**PROFESSIONAL
NURSING
SERVICE**

REFERENCE LETTER

The person whose signature appears below has applied to Professional Nursing Service, a division of Bonneville Health Recruiters, for employment and has submitted your name as a former employer for reference purposes. Any considerations of this individual by Professional Nursing Service are dependent upon receipt of satisfactory references. We would, therefore, appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strictest confidence. Thank you in advance for your time and efforts.

I hereby authorize you to respond to the above request for information.

Applicant's Signature _____ Date _____

Applicant's Name _____ S.S.# _____

Previous Employer _____

Address _____

City/State/Zip Code _____ Phone# _____

Employment Dates: From _____ To _____ Position Held _____ Type/Size or Unit _____

Check One: Applicant Resigned Applicant Terminated Applicant Was a Temporary Employee

Is Applicant eligible for rehire? If not, reason _____

Performance Evaluation	Excellent	Above	Average	Below	Not Observed
Quality of Work					
Quantity of Work					
Flexibility / Adaptability					
Dependability / Reliability					
Interpersonal Relations					
Clinical Skills					
Attendance & Punctuality					
Personal Appearance					

Comments _____

Date Signature Title

Date Agency Signature Title