Reference Letter

The person whose signature appears below has applied to Pro Re Nata (PRN) Healthcare Staffing for employment and has submitted your name as a former employer for reference purposes. Any considerations of this individual by PRN 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 fulfill the above reque	est for informatio	n.				
Applicant's Signa			Date				
Applicant's Name		S.S.#					
Previous Employe	er						
Address							
City/State/Zip Coo		Phone#					
Check One:A	es: FromToApplicant ResignedApple for rehire?If not,	licant Terminated	dAppli	cant Was a Te	emporary Em	ployee	
Performance Eval	uation	Superior	Above	Average	Below	Not Observed	
Quality of Work							
Quantity of Work							
Flexibility / Adapt	tability						
Dependability / Ro	eliability						
Interpersonal Rela	ations						
Ability to Lead / N	Manage Others						
Attendance & Punctuality							
Personal Appearance							
Comments							
Date	Signature				Title		
Date	Agency Signature				Fitle		