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REFERENCE RELEASE

Please fill in this form and fax it back to **Advantage RN** at 866-850-4048.

APPLICANT

Last Name	First Name	Middle Initial
Employee SSNo	Employer	Position Held
Name of Supervisor	Supervisor's Phone Number	Best Time to Call

The applicant named above has mentioned 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 experience while employed under your supervision.

Please check the appropriate box based on your evaluation of the following areas:

Quality of Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Quantity of Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Attitude:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Dependability:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Cooperation:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Attendance & Punctuality:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Adaptability to Situations:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Appearance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

Comments:

Is this candidate eligible for rehire? Yes No

Reference's Signature _____ Date _____

I have given Advantage RN permission to call references on my behalf.

Employee's Signature _____ Date _____

The information that has been provided to Advantage RN is permitted to be obtained for the sole purpose of securing future employment as a travel nurse with our agency.

FAX COMPLETED APPLICATION TO: 866-850-4048