

# Nursing & Health Services Training Consultants, Inc.

## PROFESSIONAL REFERENCE FORM

Applicant, please clearly and completely fill out all information in the numbered sections only.

**1** Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

**2** a. My position with this employer was:  
(Please Check the Appropriate Box)  
 CNA    GNA    PCT    Other \_\_\_\_\_  
b. I was employed from: \_\_\_\_\_ to: \_\_\_\_\_

**3** **AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize NHSTC, Inc. to investigate and obtain any information relating to my employment and any pertinent information regarding my work performance and history, whether such information is favorable or unfavorable to me. I hereby, release the above mentioned company (listed in box 1) and its agent from any and all liability and claims with respect to furnishing such information. I acknowledge that a fax, image, or copy of this authorization is as valid as the original.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### APPLICANT- DO NOT WRITE BELOW THIS LINE

To be completed by Supervisor or Head of Department:

	Outstanding	Good	Poor	N/A
Knowledge				
Punctually				
Performance				
Cooperation				
Dependability				
Personality				

Position Held: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

Dates of Employment: from: \_\_\_\_\_ to: \_\_\_\_\_

Would You Consider Applicant for Rehire?  Yes  No Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Person Completing this Form Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Office Use Only:  Via Verbal: (\*Complete information above and write name of person and title providing information)

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Reference Instructions (please read carefully before completing reference forms)

NHSTC, Inc. requires three (3) verifiable references: (2) Professional References and (1) Personal Reference- *usually in the form of a Letter of Recommendation*.

The application includes (2) professional reference forms. Please ask Human Resources, if you need additional forms; and if you would prefer to use a Letter of Recommendation Form.

- **References must all be from different individuals, organizations and non-family. (We will not accept 2 or more of the same reference from the same individual and/or organization)**

### Professional References

- Complete top numbered section only on the Professional Reference Forms.
- Professional References in most cases should only be from organizations to which you have provided direct care/ services and that can verify your dates of employment, position, and experience. **(Personal contacts/numbers are acceptable in some cases only)**
- Personal contacts/numbers are acceptable only, if the individual is someone you have provided direct care/ services to- such as a private duty case; or if the individual has a very small-run organization (run by several individuals)

*(Please check with Human Resources if your Professional References do not fit the criteria above)*

### Personal Reference / Letter of Recommendation

- May be handwritten or typed and must include contact information (name and number/ or email).
- May be written by a work colleague, supervisor, professor, or anyone else who can attest to your work ethic and character.
- May not be written by someone who is also a Professional Reference.

### Specialty/Interest

- If you are interested in the Pediatric Division, please make sure to include at least one verifiable reference that demonstrates your pediatric experience (**pediatric direct patient care within the last two (2) years**).
- Also, if you have a specialty/interest, please provide a reference that demonstrates your experience in your specialty/interest.