Registry Network
Incorporated

PROFESSIONAL REFERENCE

The person below has registered with Registry Network, Inc. and has listed you as a present/previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is CONFIDENTIAL. Fax back to **Northern CA** at 877-349-3129 and **Southern CA** at 877-896-0460.

RELEASE OF INFORMATION
(To be completed by Applicant)

Applicant: _____ _____
LAST FIRST MI MAIDEN

Employer: _____ Position Held: _____

Telephone Number: _____ Dates Employed: From____/____
To____/_____

I hereby release from all liability the company or person completing the form, and authorize all information regarding my employment with them. I also release Registry Network, Inc. from all liability for my damages from the disclosure of this information.

_____ _____
Applicant Signature Date

RESPONSE
(To be completed by Employer)

1. Do the employment dates above correspond with your records? ☐ YES ☐ NO
2. Is there anything in the individual's work history that would pose a threat to patient safety?
   ☐ YES ☐ NO

Comments: _____

3. Would you rehire this employee? ☐ YES ☐ NO

PLEASE EVALUATE EACH OF THE FOLLOWING:

EVALUATION	POOR	AVERAGE	GOOD	EXCELLENT
Attendance				
Punctuality				
Dependability				
Quality of work				
Job knowledge/skills				
Judgment				
Accepts Supervision				
Appearance				
Attitude				

Name of Facility_____ Print Name _____
Signature_____ Title_____ Date_____
Telephone Verification by _____ Date _____

Revised 8/7/18

Registry Network
Incorporated

PROFESSIONAL REFERENCE

The person below has registered with Registry Network, Inc. and has listed you as a present/previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is CONFIDENTIAL. Fax back to us in **Northern CA** at 877-349-3129 and in **Southern CA** at 877-896-0460.

RELEASE OF INFORMATION
(To be completed by Applicant)

Applicant: _____ _____
LAST FIRST MI MAIDEN

Employer: _____ Position Held: _____

Telephone Number: _____ Dates Employed: From____/____
To____/_____

I hereby release from all liability the company or person completing the form, and authorize all information regarding my employment with them. I also release Registry Network, Inc. from all liability for my damages from the disclosure of this information.

_____ _____
Applicant Signature Date

RESPONSE
(To be completed by Employer)

1. Do the employment dates above correspond with your records? ☐ YES ☐ NO
2. Is there anything in the individual's work history that would pose a threat to patient safety?
   ☐ YES ☐ NO

Comments: _____

3. Would you rehire this employee? ☐ YES ☐ NO

PLEASE EVALUATE EACH OF THE FOLLOWING:

EVALUATION	POOR	AVERAGE	GOOD	EXCELLENT
Attendance				
Punctuality				
Dependability				
Quality of work				
Job knowledge/skills				
Judgment				
Accepts Supervision				
Appearance				
Attitude				

Name of Facility_____ Print Name _____
Signature_____ Title_____ Date_____
Telephone Verification by _____ Date _____

Revised 8/7/18