

## 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.

		ELEASE OF INFO			
Applicant:		FIRST			
LAST		FIRST	MI	MAIDEN	
Employer:			Position Held:		
Telephone Numb	er:		Dates Employe	ed: From/	
				To/	
	g my employm	ent with them.	l also release Registry	form, and authorize all y Network, Inc. from al	
Applicant Signature			Date		
	(То	RESPONS be completed b	_		
1. Do the employme	ent dates above	correspond with	n your records?   YE	S 🗆 NO	
2. Is there anything  YES Note the Note of	0	al's work history	that would pose a th	reat to patient safety?	
3. Would you rehire	this employees	P	NO		
PLEASE EVALUAT	E EACH OF TI	HE FOLLOWIN	G:		
EVALUATION	POOR	AVERAG	E GOOD	EXCELLENT	
Attendance					
Punctuality					
Dependability					
Quality of work					
Job					
knowledge/skills					
Judgment					
Accepts					
Supervision					
Appearance					
Attitude					
Name of Facility_		Pı	rint Name		
Signature		Title		Date	

Date \_\_\_\_



Signature\_\_\_\_\_

Form Updated 10/29/2020

Telephone Verification by \_\_\_\_

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## RELEASE OF INFORMATION (To be completed by Applicant) Applicant: FIRST LAST 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? $\square$ YES $\square$ 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: POOR **AVERAGE** GOOD **EXCELLENT** EVALUATION Attendance Punctuality Dependability Quality of work Job knowledge/skills Judgment Accepts Supervision Appearance Attitude Name of Facility\_\_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_\_ Date\_\_\_\_\_

Date \_\_\_