



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 _____

Form Updated 10/29/2020



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