PROFESSIONAL REFERENCE

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

APPLICANTS RELEASE OF INFORMATION

Applicants: _____ _____
LAST FIRST MI MAIDEN

Employer Name: _____ Position Held: _____

Employer Telephone Number: _____ Dates Employed: From ____/____
To ____/_____

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

_____ _____
Applicant Signature Date

EMPLOYER RESPONSE

1. Do the employment dates above correspond with your records? ☐ YES ☐ NO

2. Is there anything in the individual's work history that would indicate a potential threat to patient safety? ☐ YES ☐ NO
Comments: _____

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

PLEASE EVALUATE THE APPLICANT IN EACH OF THE FOLLOWING AREAS:

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 9-3-26

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Form updated 9-3-26