



Professional Reference

EMPLOYEE NAME _____

TITLE _____

Reference Name/Title: _____ / _____

Facility Name: _____

Facility Address: _____

Facility Phone/Fax: _____ / _____

Applicant's position during their employment with you?: _____

Employed Dates - From/To: _____ / _____

Eligible for Rehire?: Yes No

Reason the applicant left your employment (if applicable): _____

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Quality of Work	0	0	0	0	0
Productivity/Time Mgt	0	0	0	0	0
Professionalism	0	0	0	0	0
Ability to Handle Stress	0	0	0	0	0
Flexibility	0	0	0	0	0
Dependability	0	0	0	0	0
Enthusiasm Toward Job	0	0	0	0	0
Team Member	0	0	0	0	0
Communication Skills	0	0	0	0	0
Attendance/Puncuality	0	0	0	0	0
Appearance	0	0	0	0	0
Interpersonal Skills/Attitude	0	0	0	0	0

Evaluator's Signature _____

Date _____