
"First Name"

"Last Name"

(RN / CST / LPN)

Please help us give this person fair consideration by answering the questions below. Any information you provide will be kept confidential. Thank you for your assistance.

Professional Reference

Previous Employer: _____ Unit Type: _____

Address: _____ Size Of Unit: 0-5 6-15 16-25 25+

City: _____ Position Held: _____

State: _____ Shift: _____

Supervisor Name: _____ Start Date: _____

Supervisor Phone: _____ End Date: _____

Eligible for Rehire: Yes No Reason for Leaving: _____

Performance Evaluation

	Exceeds Standards	Meets Standards	Does not meet Standards
Demonstrates knowledge of therapeutic patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prioritizes nursing interventions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes critical changes and reacts appropriately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes job duties in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes continuity of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works as a team member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality and Attendance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Evaluator Signature: _____

Date: _____

Evaluator Name: _____

Title: _____

(Please print)

I authorize my previous employer to provide my employment-related information as requested by RNNetwork.

Employee Signature: _____

Date: _____

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