**Logo, company name

Description automatically generated**

**Employment Reference Check**

**Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the release of any information relevant to my previous employment.

Former Employer Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for a clinical position at Amicus Nursing Service, Inc and listed you as a reference for (former company). Please complete this reference check below within the next five days. Feel free to reach out with any additional questions.

Sincerely,

Amicus Nursing Service, Inc

Email: docs@amicusnursing.com

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates of Employment** | |  | | | |
| **Applicant’s Primary Job Duties** | |  | | | |
| **Eligible for Re-hire** | |  | | | |
| **Work Behavior** | **Excellent** | **Very Good** | **Average** | **Below Average** | **Poor** |
| Clinical Skills |  |  |  |  |  |
| Quality of Work |  |  |  |  |  |
| Professionalism |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| Attendance |  |  |  |  |  |
| Punctuality |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date