

Reference Check

Applicant Name _____ Position Held _____

Dates of Employment _____ Current/Former Employer _____

Complete Mailing Address _____

City _____ State _____ Zip _____

Supervisor's Name _____ Email Address _____ Phone # _____

I hereby give permission to the above named employer to release information to On Assignment¹ regarding my performance while employed at that facility.

Signature _____ Date _____

Employer

The person above is registered with On Assignment and has listed you as a previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is confidential.

Is this employee eligible for rehire? Yes No

Personal Evaluation	Above Average	Satisfactory	Did Not Meet Expectations	Poor
Clinical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude and Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability to Work Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Employer's Signature _____ Title _____ Date _____

1 "On Assignment" includes On Assignment Staffing Services, Inc., On Assignment, Inc. and/or its divisions and affiliated companies.

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