



9021 Meridian Way
Cincinnati, OH 45069
PH 866-301-4045
FAX 866-850-4048

REFERENCE RELEASE

Please fill in this form and fax it back to Advantage RN at 866-850-4048

APPLICANT

Applicant Name

Employer

Position Held

Unit

From Date -- To Date

Supervisor's Name and Title

Supervisor's Phone Number

Best Time to Call

The applicant named above has mentioned you as a current reference for previous employment. Thank you for taking a moment to evaluate the performance level you feel this candidate has shown in your experience while employed under your supervision.

Please check the appropriate box based on your evaluation in the following areas:

Quality of Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Quantity of Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Attitude:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Dependability:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Cooperation:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Attendance & Punctuality:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Adaptability to Situations:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Appearance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

Comments:

Is this candidate eligible for rehire? ☐ Yes ☐ No

Reference's Signature

Date

I have given Advantage RN permission to call references on my behalf.

Employee's Signature

Date

The information provided above will be used solely for the purpose of securing future travel nurse employment for this candidate.

FAX COMPLETED REFERENCE RELEASE TO: 866-850-4048

9021 Meridian Way | West Chester, OH 45069 | (PH) 866-301-4045 | (FAX) 866-850-4048 | www.advantagern.com