



toll free: 800 243-6449
 fax: 212 431-2594
 www.tpfnursing.com

NAME: _____ Date: _____

Title/Facility: _____ Email: _____ Phone: _____

The Applicant named below has applied for a position in our agency. Your name has been given as a reference source. In order to provide proper placement for this candidate, we would appreciate your response to the items listed below. All information will be held in strict confidence. We appreciate your cooperation.

Applicant _____	Dates employed From _____	To _____
Position held _____	Teaching Facility _____	Yes / NO
No. Beds on Unit _____	Charge Experience _____	Yes / NO
Avg. Patient Caseload _____	Supervisory Experience _____	Yes / NO
Reason For leaving (if applicable) _____		
I hereby authorize any personal information to be released to T.P.F. NURSING REGISTRY, INC.		
Date _____	Signature _____	

PLEASE EVALUATE APPLICANT	POOR	GOOD	VERY GOOD	EXCELLENT
Quality of Performance				
Attendance & Dependability				
Cooperation with others				
Job Knowledge/ Competency				
Flexibility & Willingness to learn				
Personal Appearance				
Bedside manner				
Communication Skills				
Willingness & Ability to float				

In what capacity have you worked with applicant? _____

Please indicate specialty areas in which applicant has experience _____

Additional comments _____

Is applicant eligible for rehire? _____ Yes _____ No If No, why not _____

Signature _____ Position _____ Date _____



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Additional comments _____

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Signature _____ Position _____ Date _____