

On-Call Healthcare, Inc.
TELE/FAX 972-588-8008

PERFORMANCE EVALUATION/PROFESSIONAL REFERENCE

Date _____ Reference's Name _____ Title _____ Unit _____

Facility Name _____ Phone _____

Facility Address _____ City _____

State _____ Zip Code _____ FAX _____

_____ (Nurse Name) has either applied for a nursing position at On-Call Healthcare Inc. and has given us your name as a professional reference or is currently working as an employee for On-Call Healthcare at your facility. The applicant signed a release for us to obtain information from you, and we would appreciate it if you would complete this performance evaluation/reference.

PERFORMANCE EVALUATION

What was the applicant's position during his/her employment with you? _____

Applicant's dates of employment: From ___/___/___ To ___/___/___ Would you rehire applicant? YES NO

Reason this applicant left your employ: (if applicable) _____

	Excellent	Above Average	Average	Below Average	Poor
Quality of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Productivity/Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Handle Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability/Follow Through	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team Member Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance/Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills/Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documentation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Nursing Competency/Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS: (Please provide a professional profile of the applicant in three or four sentences.)

Reference's/Evaluator's Signature _____ Title _____ Date _____
