



**Nurses 24/7 Reference Check**

**TO:**  
Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_ Ext: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Location \_\_\_\_\_ Unit/Floor: \_\_\_\_\_

Employment Dates of Record \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

One of your former employees has applied for a position with Nurses 24/7. We'd appreciate your assistance in completing a professional reference check. It is understood that the information provided by you or the supervisor of record will be held in confidence. Please complete and return to Nurses 24/7 at your earliest convenience. Thank you for your time.

**Name of Company:** \_\_\_\_\_

**Reference Given by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Average Patient caseload: \_\_\_\_\_ No of Beds in Unit: \_\_\_\_\_ No of Beds in Facility: \_\_\_\_\_  
 Teaching  Non-teaching Charge Experience:  Yes  No Supervisory Experience:  Yes  No

Information provided above is correct.  
 Information provided above does not coincide with our records. Our records indicate: \_\_\_\_\_

Reason applicant left: \_\_\_\_\_ Eligible for Rehire?  Yes  No

**Performance Evaluation and Professional Attributes**

Performance and Attributes	Exceptional	Above Standard	Standard	Almost Standard	Below Standard
1. Demonstrates competency in clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides a safe and therapeutic caring environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Implements a coordinated plan of patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adheres to facility policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communicates appropriately with patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Completes accurate documentation of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrate Flexibility and Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Willingness and ability to float (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demonstrate Critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to communicate with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Verification: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Please Return to:**

Nurses 24/7  
 1700 Route 23 North, Suite- 100  
 Wayne, NJ 07470