Birth Care Staffing
Specialists, Incorporated

105 Theodore Dr. Unit B
Oswego, Illinois 60543

Office: (630)551-0055
Fax: (630)551-0075

REFERENCE CHECK

Date________________

Applicant____

First M. Maiden Last

Specialty area in which you have had experience as a Registered Nurse:

____Labor & Delivery ____Neonatal Intensive Care ___Mother/Baby

Dates Employed From _____________to_____________

Name of Supervisor, Manager, or Charge Nurse ____

Facility____

Phone Number____

Address____

____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be related to clients of Birth Care Staffing Specialists, Inc. and other requesting third parties on a need to know basis. I also release Birth Care Staffing Specialists, Inc. from all liability for any damages from the disclosure of this information.

____ ___________________________

Applicant Signature Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

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REFERENCE CHECK

To Be Completed By Previous Employer Or Birth Care Staffing Specialists, Inc. Representatives

The individual named above is applying for a position as **REGISTERED NURSE, PER DIEM** and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response. If you have any questions, please call the Birth Care Staffing Specialists, Inc. office at 630-551-0055.

Thank you in advance ____

(Name of Birth Care Staffing Specialists, Inc. Representative.)

1. Please confirm the applicant's employment dates and unit worked are accurate as above:

   ___Correct ____Incorrect

2. Please comment on the applicant's attributes using the following rating scale:

   4=EXCELLENT 3=GOOD 2=FAIR 1=POOR N/A= NOT APPLICABLE

   ____ Quality of Work ____Competence ____ Cooperation

   ____ Knowledge and Skills ____Supervisory Ability and Capacity ____ Initiative

   ____ Reliability and Attendance ____Professional Appearance

3. Please indicate any special considerations necessary when giving assignments to this individual:

   ____

4. Is applicant eligible for rehire? YES___ NO___ If no, why not?______________________________
5. Additional Comments:____

   ____

Signature of Person Giving Reference	Relationship to Applicant	Title	Date

Form # 1006