

Smithville Regional Hospital
Request for Reference

Reference Name and/or Company

Date

Street or Mailing Address

City/State/Zip

To Whom It May Concern:

_____ has applied with our hospital as a _____.
You were given as a past employer. Your response to the following questions/statements will help us in making a decision. This person was employed with you on a full-time/part-time/PRN basis from _____ until _____ in the position of _____.

Please mark the correct response:

YES NO COMMENTS

- | | | | |
|--|-------|-------|-------|
| 1. Would you rehire this person? | _____ | _____ | _____ |
| 2. Punctual in reporting to work? | _____ | _____ | _____ |
| 3. Demonstrated dependability? | _____ | _____ | _____ |
| 4. Used proper channels for communication? | _____ | _____ | _____ |
| 5. Demonstrated adequate knowledge/skills for the job? | _____ | _____ | _____ |
| 6. Demonstrated constructive attitudes toward institutional/agency policies? | _____ | _____ | _____ |
| 7. Promoted harmonious working relationships with coworkers? | _____ | _____ | _____ |
| 8. Demonstrated adequate organizational skills? | _____ | _____ | _____ |
| 9. Demonstrated honesty and loyalty? | _____ | _____ | _____ |

OTHER COMMENTS:

Signature

Title

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize you to furnish Smithville Regional Hospital information relating to my employment with your company or companies. Please answer all questions.

Social Security No.

Signature

Date