REFERENCE VERIFICATION

WEST SHORE MEDICAL CENTER
Partnering with MUNSON HEALTHCARE

Applicant Name: _____

Applicant: Please have your current and/or most recent employer(s) complete the bottom portion of this form. If you are unable to have your employers complete the form, you may use one recent employer and one professional reference. We must receive two references for your application to be complete so you may be considered for employment.

Consent and Authorization to release information:
I hereby consent and authorize you to furnish West Shore Medical Center with any information that you may have concerning me including, but not limited to, my personnel file, evaluations from supervisory personnel and completion of the below evaluation form. I hereby release you and your employees form any and all damages whatsoever incurred by me as a result of furnishing this information.

Signature: _____ Date: _____

EVALUATION (To be completed by your reference)

Reference Name: _____ Reference Phone Number: _____

How do you know the applicant? _____
Please check the answer most appropriate in each case

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Quality of Work				
Quantity of Work				
Cooperation with Supervision				
Initiative				
Dependability				
Character, Integrity, Honesty				
Attendance and Tardiness				

Employment Dates:

_____ to _____

Employment Status (circle one)

Full-Time Part-Time Contingent

If you had a position available, would you rehire this person? _____

What was the person's reason for leaving your organization? _____

Please indicate any additional information you feel would be valuable in consideration of this person for employment: _____

_____

Has this person demonstrated any unsafe, violent or abusive behavior? _____

_____	_____	_____	_____
Name Printed	Signature	Date	Company

Verified by HR: _____ Date: _____