



Fireside Staffing, Inc.
 17 Gaudet Lane, Pelham, NH 03076
 Tel: 1-800-481-6056 - Fax: 603-635-1641
 www.firesidestaffing.com

REFERENCE LETTER

Attention _____

Name: _____

Facility / Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

VERIFICATION OF EMPLOYMENT

Applicant Name: _____

Social Security #: _____

Dates of Employment: From: _____ to: _____

Position Held: _____

Reason for leaving: Check one: () Resignation () Termination () Temporary Employee

Employment Dates and Eligibility for rehire verified with personnel: BY: _____

ELIGIBLE FOR REHIRE? () YES () NO

	Excellent	Very Good	Satisfac-tory	Needs Improvement	Poor
Quality of Work	()	()	()	()	()
Quantity of Work	()	()	()	()	()
Clinical Competence	()	()	()	()	()
Judgement	()	()	()	()	()
Attitude	()	()	()	()	()
Initiative	()	()	()	()	()
Interpersonal Skills	()	()	()	()	()
Adaptability to work	()	()	()	()	()
Dependability	()	()	()	()	()
Cooperation / Teamwork	()	()	()	()	()
Ability to accept leadership role	()	()	()	()	()
Attendance & Punctuality	()	()	()	()	()
Personal Appearance	()	()	()	()	()

Notice to Employer

The following applicant has applied to FIRESIDE STAFFING, INC., for employment and has submitted your name as a former employer for reference purposes. Our responsibility and commitment to our client hospital / agencies is such that any consideration of the individual by FIRESIDE STAFFING, INC., is dependent upon receipt of satisfactory reference. Therefore, we would appreciate your cooperation in answering the questions below. Your responses will be kept in the strictest confidence.

APPLICANT AUTHORIZATION

I hereby authorize the above employer to furnish the following information to FIRESIDE STAFFING, INC.

X _____

Applicant's Signature

Date: ____/____/____

PERSONAL EVALUATION

Please check the appropriate boxes to the left to best describe applicant's performance while under your employment.

Enter your comments here.

Evaluator's Signature: _____

Title: _____ Date: ____/____/____