Assured
HEALTHCARE

REFERENCE REQUEST

I authorize my former employer to furnish Assured Healthcare LLC with the information requested on this form.

SIGNATURE OF APPLICANT	PRINT NAME	DATE

Social Security # _____

Reference Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Direct Phone: _____

The above named has applied to Assured Healthcare and has given you as a reference.

We would appreciate your completing the information requested and returning the card to us. You may be assured that any information you supply will be held in strictest confidence.

Employed as: _____ From: _____ To: _____

Reasons for Leaving: _____

Would you re-employ? _____

5 Pts = Excellent **4 Pts. = Very Good** **3 Pts. = Good** **2 Pts. = Fair** **1 Pt. = Poor**

How would you rate this employee:	5	4	3	2	1
1. Technical Knowledge:	5	4	3	2	1
2. Skill in readily adapting to your work environment and routine:	5	4	3	2	1
3. Acceptance of supervision:	5	4	3	2	1
4. Ability to work cooperatively with colleagues:	5	4	3	2	1
5. Quality of work performed:	5	4	3	2	1
6. Actual quantity of work performed as it compares to your expectations & time limitations:	5	4	3	2	1
7. General work habits and discipline:	5	4	3	2	1
8. Appearance appropriate to the work environment:	5	4	3	2	1
9. Extent to which this employee's qualifications match your work requirements:	5	4	3	2	1
10. Attendance:	5	4	3	2	1

11. What do you feel are this employee's strengths and/or weaknesses? _____

_____

Other Comments: _____

_____

Signature: _____

Title: _____

Thank you.
Assured Healthcare Recruiter

Would you be interested in receiving literature regarding Assured Healthcare services? _____