



The Healthcare Professional named below has listed you as a professional reference for potential employment with Freedom Healthcare Staffing. Freedom Healthcare Staffing respectfully asks your cooperation in completing the requested information. Please be assured that all information will be held confidential. Thank you for your assistance – it is greatly appreciated.

Release of Information by Applicant

I, _____ authorize _____ to release information to Freedom Healthcare Staffing for the purpose of supplying a professional reference check.

PLEASE PRINT

Current (or Former Employer)

Name and Title: _____

Facility Name and Address: _____

Phone Number: _____ Email: _____

Fax Number: _____

Date worked from: ____/____/____ to ____/____/____ Position worked _____

Signature of applicant _____

The following information is to be completed by person completing reference check. (If you checked "No" or "Below Avg. Competency", please explain)

Did the above named healthcare professional work for your facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are the above employment dates correct?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the above job title correct?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments: _____

Please rate the following competency as performed by the applicant:

	Above avg. Competency	Avg. Competency	Below Avg. Competency
Professional judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rehire this Healthcare Professional? Yes ☐ No ☐

Completed by:

Name and Title: _____

Facility Name and Address: _____

Phone Number: _____ Email: _____

Signature: _____

Please return this form by fax or mail to:

Freedom Healthcare Staffing
3025 S. Parker Road, Suite 800
Aurora, CO 80014
Fax No. 866.463.0387

For office use only:
Verified by _____ Date _____