



TRAVELER REFERENCE

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

(RN / LPN) \_\_\_\_\_

RNnetwork, in its consideration of a candidate depends on information from persons and institutions regarding the candidate's employment, training, and affiliations. Please complete this form to the best of your ability so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. Thank you for your assistance.

**Professional Reference**

Previous Employer: _____	Unit Type: _____
Address: _____	Size of Unit: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> 16-25 <input type="checkbox"/> 25+
City: _____	Position Held: _____
State: _____	Shift: _____
Evaluator Name: _____	Start Date: _____
Evaluator Title: _____	End Date: _____
(Clinical Supervisor Preferred)	Reason for Leaving: _____

**Performance Evaluation**

Eligible for Rehire: Yes  No

	Exceeds Standards	Meets Standards	Does Not Meet Standards
Demonstrates knowledge of therapeutic patient care?			
Prioritizes nursing interventions?			
Recognizes critical changes and reacts appropriately?			
Completes job duties in a timely manner?			
Promotes continuity of care?			
Works as a team member?			
Punctuality and Attendance?			

**Comments**

\_\_\_\_\_

**This form will need to be verified, please list your telephone and/ or email below.**

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

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