



TRAVELER REFERENCE

First Name _____ Last Name _____ (RN / CST / LPN) _____

Please help us give this person fair consideration by answering the questions below. Any information you provide will be kept confidential. 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
City: _____	Position Held: _____	<input type="checkbox"/> 16-25	<input type="checkbox"/> 25+
State: _____	Shift: _____		
Supervisor Name: _____	Start Date: _____		
Supervisor Phone: _____	End Date: _____		
Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving: _____		

Performance Evaluation	Exceeds Standards	Meets Standards	Does Not Meet Standards
Demonstrates knowledge of therapeutic patient care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritizes nursing interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes critical changes and reacts appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes job duties in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes continuity of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works as a team member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality and Attendance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Evaluator Signature: _____ Date: _____
 Evaluator Name: _____ Title: _____
(Please Print)

I authorize my previous employer to provide my employment-related information as requested by RNNetwork.

Employee Signature: _____ Date: _____



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Date: _____

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(Please Print)

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