



PROFESSIONAL REFERENCE REQUEST

CONSENT BY EMPLOYEE: _____
Name used while working at this facility

Facility Name: _____

Street Address: _____

City, State, Zip: _____

Manager/Supervisor: _____
Name Title Phone Number

APPLICANT: Please complete this reference request by completing the blanks above to correspond with your employment on this application, and sign the line below. Give this form to your reference to complete and return to us directly, or send completed forms with your application.

The facility listed above has my consent to release any information to *O'Grady Peyton International* pertaining to my employment on the application. I also authorize *O'Grady Peyton International* to disclose this reference to any of its Client institutions and *O'Grady Peyton International* affiliates.

Signature _____ Last 4 Digits of Your Social Security Number _____

EMPLOYER: The individual name above has applied for employment with *O'Grady Peyton International*. In order to maintain Joint Commission competency standards, we ask that you provide the information requested below. Your response will be held in the strictest confidence. Please fax the completed form to our secure fax number: **(858) 523-6650** or return to the applicant listed above. Thank you for your assistance.

EMPLOYEE PROFILE: _____ :

Employee's name _____ Position held: _____

Employed from: _____ to _____

Is employee eligible for rehire? Yes No If no, please explain: _____

FACILITY/UNIT PROFILE:

Unit/Floor/Dept. _____ Specialty _____ # of beds _____ Avg. patient caseload _____

Teaching Non-Teach # of beds in facility _____ Charge Experience? Yes No

UNIT DESCRIPTION: _____

PROFESSIONAL REFERENCE:

KEY: A = Superior B = Exceeds Standards C = Meets Standards D = Does Not Meet Standards

| | A | B | C | D | | A | B | C | D |
|------------------------------------|---|---|---|---|---------------------------------|---|---|---|---|
| Adaptability | | | | | Professionalism | | | | |
| Communication skills | | | | | Quality of work | | | | |
| Competency | | | | | Reliability/Attendance | | | | |
| Follows safety/emergency protocols | | | | | Teamwork/cooperation | | | | |
| Initiative | | | | | Thorough/accurate documentation | | | | |

AGE SPECIFIC COMPETENCY (please check the patient population(s) the employee served):

- Neonates/newborns
- Preschoolers
- Young adults
- Infants
- Older children
- Middle adults
- Toddlers
- Adolescents
- Older adults/geriatrics

COMMENTS: _____

Name of evaluator: _____ Signature: _____

Title: _____ Phone Number: _____ Date: _____

Email Address: _____