

REFERENCE FORM #1
 Advantage Nursing Services
 8630 Delmar, Suite 201
 St. Louis, MO 63124
 Phone: (866)991-4660
 Fax: (314) 991-0071

Name: _____ Social Security Number: ____ - ____ - ____

Employed: From _____ to _____ Position Held: _____

Supervisor's Name: _____ Title: _____

Company Name: _____ Telephone #: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Position Applied For: _____

I, the undersigned, have applied for a position with the above company and desire that they be completely informed of my work record. I hereby release you and your company from all liability of damages for providing the information requested.

My name was _____ when in your employment.

Applicant Signature: _____ Date: _____

For requesting organization only-Please complete the following:

Ability to perform job requirements	Excellent	Good	Average	Fair	Poor
Cooperation with others	Excellent	Good	Average	Fair	Poor
Ability to grasp ideas	Excellent	Good	Average	Fair	Poor
Personality	Excellent	Good	Average	Fair	Poor
Initiative; Leadership	Excellent	Good	Average	Fair	Poor
Attendance; Dependability	Excellent	Good	Average	Fair	Poor
Honesty; Integrity	Excellent	Good	Average	Fair	Poor
Personal Appearance	Excellent	Good	Average	Fair	Poor
Clinical Skills	Excellent	Good	Average	Fair	Poor
Clinical Judgment	Excellent	Good	Average	Fair	Poor

Would you Re-Hire? Yes ___ No ___ Would you like us to call you on the above? Yes ___ No ___

Additional Comments: _____

Completed by: _____ Title: _____

Organization: _____ Date: _____