

REFERNCE FORM #2  
 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: \_\_\_\_\_