



Professional Reference Request

Nurse Recruitment
751 South Bascom Avenue
San Jose, CA 95128
Phone 408 885-6754
Fax 408 885-6741

Applicant: Please sign the release statement below and provide this form to potential reference writers

Applicant Name: _____ MI. _____ Last Name _____

Other names used during employment: _____

All offers of employment are contingent on receipt of references. In order to obtain references, the Santa Clara Valley Medical Center requires all applicants to sign the following release statement.

I authorize any individual, hospital, company or institution with whom I have been associated, to furnish Santa Clara Valley Medical Center with any information concerning my employability which they have on record or otherwise. I hereby release any individual, hospital, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information

Applicant's Signature

Date

Reference Name: _____

Employer: _____ Address: _____

Phone Number: _____ Position: _____

Reference Writer: Thank you for your cooperation. The information you provide will allow us to hire staff with qualifications which meet our professional standards.

In what capacity have you known this applicant? _____

Dates Employed: From _____ to _____ Position held _____

Hospital or Company _____

Reason for leaving employment: _____

Eligible for Rehire? Yes No

Please rate the following:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Quality of Work				
Productivity/Motivation				
Attendance/ Punctuality				
Communication Skills				
Relationship with Co-workers				
Ability to follow instructions				
Leadership Skills				
Responsibility & Initiative				
Level of professional Commitment				

Additional Comment: _____

Overall recommendation: Please circle the number indicating the strength of your recommendation:

1	2	3	4	5
Do not Recommend			Enthusiastically Recommend	

Reference Provided By: _____

Signature _____ Title _____

Hospital/ Company: _____

Phone Number _____ Date: _____

Please mail or fax to address at the top of the page. For further information call (408) 885-6754