



### Employment Reference Check

Employer: Employee candidate has applied for a position with the Nursing Group. We would appreciate your assistance in verifying employment.

Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Institution name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Primary area worked: \_\_\_\_\_ Secondary area worked: \_\_\_\_\_

I \_\_\_\_\_ that the information I have provided is correct and authorize the facility and or its representatives to release the necessary information regarding my performance and any information requested below to Nursing Group for the purpose of previous/current employment verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*CANDIDATES DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Evaluation	Excellent	Above Average	Satisfactory	Below Average	Poor
Quality of work					
Quantity of work					
Attitude					
Adaptability to work situations					
Dependability					
Cooperation					
Ability to get along with others					
Attendance and Punctuality					
Professional Appearance					

Facility can only confirm dates of employment due to company policy: Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ through \_\_\_\_\_

Facility representative signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please complete and return via:

**Fax to: 512-218-0904 Or 866-289-3893**

**And**

**Mail to: Nursing Group  
PO Box 446 Round Rock, Texas 78680-0446**

Thank you for your time and assistance.

Nursing Group  
512-388-0123  
www.nursinggroup.com