



INTERSTAFF, INC.
A full service staffing provider

REFERENCE CHECK AND PERFORMANCE EVALUATION

Date: _____

APPLICANT'S NAME: _____

NAME OF FACILITY: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

DATES OF EMPLOYMENT: From _____ To _____

ELIGIBLE FOR REHIRE? _____ IF NOT, WHY? _____

PERFORMANCE EVALUATION	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	SUPERIOR
QUALITY OF WORK				
CLINICAL EXPERTISE				
JUDGEMENT				
COOPERATION				
INITIATIVE				
ATTITUDE				
PROFESSIONALISM				
ATTENDANCE				

COMMENTS: _____

NAME OF EVALUATOR: _____ POSITION: _____