



PROFESSIONAL REFERENCE FORM

Applicant Information

Applicant Name: _____
Last *First* *MI*

Position Applied For: _____ Years in Position: _____

Reason for leaving: _____

Previous Employment

Name of Referee: _____ Unit: _____

Title: _____ Telephone: (____) _____

Company/Facility: _____
 Street Address _____
 City _____ Province _____ Postal Code _____

Employee Authorization to Obtain Reference

The facility/company listed above has my consent to provide JP MedStaff Inc. information regarding my employment and services I provided while employed by same. I further authorize JP MedStaff Inc. to disclose this reference to clients.

Signature

Date

Employer Reference Information

The employee referenced above has asked that you please provide the information request below. Your response will be held in strict confidence. Kindly email this form back to clientcare@jpmedstaff.ca you for taking the time to complete the following information.

Categories: A = Excellent B = Very Good C = Average D = Could Better

Please indicate your evaluation level of each of the following categories.

Working Independently: _____	Documentation: _____
Communication Skills: _____	Safety Protocols: _____
Teamwork: _____	Competency: _____
Clinical Skills: _____	Problem Solving: _____
Attendance: _____	Initiative: _____

Would you rehire this employee? Yes No

JP MedStaff Inc.
 T: 647-936-5763
clientcare@jpmedstaff.ca