

296 Lakshman Trail
Dover, DE 19904
Phone: 302-242-7243
Fax: 302-269-3872
Email: info@emergistaffnurses.com
Internet: www.emergistaffnurses.com

EMERGI-STAFF NURSES, LLC
Healthcare Staffing Solutions



To Whom It May Concern:

The individual named below is applying for a position as an Registered Nurse and has provided your name as a professional reference. As we place great importance on the complete screening of all our applicants, we would appreciate your time in completing the attached Request for Reference Information form.

If you can fax your response it would be most expeditious, or if you prefer you can give it to the applicant to send it by regular US mail.

Applicant: _____

Thank you for your cooperation _____

Angus Patterson
Staffing Coordinator
Emergi-Staff Nurses, LLC

296 Lakshman Trail
 Dover, DE 19904
 Phone: 302-242-7243
 Fax: 302-269-3872
 Email: info@emergistaffnurses.com
 Internet: www.emergistaffnurses.com



Request for Reference Information

Reference Name: _____ Title: _____

Hospital/Facility Name: _____ Unit: _____

Address, City, State, Zip: _____ Phone: _____

The applicant/employee below has given us permission to request reference information from you. We would appreciate you answering the following question. The completed form can be faxed to 302-296-3872, or mailed to the above address.

Applicant/Employee Name: _____ Position Held/Unit Worked: _____

Employment Dates _____
 (MM/DD/YY to MM/DD/YY)

	Superior	Above Average	Average	Below Average
Demonstrates technical proficiency				
Consistent in quality of work				
Establishes priorities				
Accepts direction/cooperation				
Contributes to department/unit continuity				
Maintains orderly work and patient care				
Documents test, treatments and results per policy				
Handles routine and emergency situations				
Adheres to patient infection control/safety procedures				
Applies/carries through physician orders				
Maintains rapport with hospital staff				
Communicates effectively with supervisors				

Was this a travel assignment? YES NO
 Would you consider this employee for rehire? YES NO N/A

Comments: _____

Reference Signature: _____ Date: _____

Emergi-Staff Nurses Use	
Verified By(Print): _____	Date: _____
Signature: _____	Title: _____