

**Pro Re Nata (PRN)  
Healthcare Staffing**

**Reference Letter**

The person whose signature appears below has applied to Pro Re Nata (PRN) Healthcare Staffing for employment and has submitted your name as a former employer for reference purposes. Any considerations of this individual by PRN are dependent upon receipt of satisfactory references. We would, therefore, appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strictest confidence. Thank you in advance for your time and efforts.

I hereby authorize you to fulfill the above request for information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_ Type/Size or Unit \_\_\_\_\_

Check One:  Applicant Resigned  Applicant Terminated  Applicant Was a Temporary Employee

Is Applicant eligible for rehire? \_\_\_\_\_ If not, reason \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Performance Evaluation	Superior	Above	Average	Below	Not Observed
Quality of Work					
Quantity of Work					
Flexibility / Adaptability					
Dependability / Reliability					
Interpersonal Relations					
Ability to Lead / Manage Others					
Attendance & Punctuality					
Personal Appearance					

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature Title

\_\_\_\_\_  
Date Agency Signature Title