



Employment Reference Request

I, _____ hereby authorize Windsor Healthcare Recruitment Group, Inc. (WHR) to request and receive from all prior employers all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

The named applicant below has applied for a position at WHR and has given your name as a previous or current employer. Please complete this reference request and submit it to us. Thank you for your prompt reply.

Applicant Name:	Title/Position:
Clinical Role:	SSN:
Phone Number:	Employment Dates:

Facility Name:	Facility Address:
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	Exceeds Expectations	Fully Competent	Requires Improvement	Unsatisfactory
Professional Skills				
Clinical Skills				
Attendance				
Reliability				

Would you hire this person again? Yes No
Comments:

Referee Name:	Date:
Referee Title	

Privacy Statement

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