



Reference Release

Applicant Name	SS#
Employer	Position
Supervisor	Phone#

The above named applicant has mentioned you as a current reference for employment and has authorized Onyx to contact you for comment. Please take a moment to evaluate the performance level you feel this candidate has shown in your experience.

Evaluation	Excellent	Above Average	Satisfactory	Below Average	Poor
Quality of Patient Care					
Quantity of Work					
Attitude					
Time Management					
Dependability					
Cooperation w/ Staff					
Adaptability to Situations					
Attendance & Punctuality					
Outstanding Contributions/Comments:					
Signature: _____ Date: _____					

Is This Person Eligible for Rehire?	Yes	No
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Onyx Health Care Staffing and the above named candidate have requested this information for the sole purpose of securing future employment as a healthcare provider with our agency. If unable to provide a reference please sign below where it says "Verification". We appreciate your assistance in helping to verify the performance and skill level of our applicant.

Verification

Signature: _____	Dates of Employment: _____
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