

You may give this form directly to your supervisor or return to NovaPro Staffing to complete.

Facility Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax Number (____) _____

Direct Supervisor's Name _____ Title _____

APPLICANT INFORMATION

Applicant Name _____

Position(s) you have held: RN ORT LPN Travel Assignment? Yes No

SLP PT PTA OT COTA RRT RERT CRTT Rad Tech

Clinical Specialty _____

Employment Dates: From _____ To _____

Average Patient Caseload _____ No. of Beds in Unit _____ No. of Beds in Facility _____

Teaching Non-teaching Charge Experience? Yes No Supervisory Experience Yes No

Reason for Leaving _____ Would you rehire? Yes No

PERFORMANCE EVALUATION AND PROFESSIONAL ATTRIBUTES

Performance and Attributes	Exceptional	Above Standard	Standard	Almost Standard	Below Standard
1. Demonstrates competency in caring for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides a safe and therapeutic patient environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Implements a coordinated plan of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adheres to facility policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communicates appropriately with patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Completes accurate documentation of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Flexibility and adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Willingness and ability to float (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Interest and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to communicate with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Evaluator's Signature _____ Date _____

Title _____ Telephone (____) _____

This information was obtained from: Written Reference Verbal Reference

I, the undersigned, hereby authorize my past and present employers to provide information to NovaPro Staffing on my performance while in their employment.

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I hereby release all such employers and their representatives from all liabilities for issuing this information to NovaPro Staffing. I also authorize NovaPro Staffing to disclose this information **only** to client facilities for which I have expressed an employment interest.

Applicant Signature _____

Date _____

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YES

I am interested in finding out how NovaPro can help staff my facility.
Please send information regarding NovaPro's comprehensive list of services.

Name: _____ Tel: _____

Title: _____ Fax: _____