

**You may give this form directly to your supervisor or return to CRU48 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 CRU48 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 CRU48. I also authorize CRU48 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 CRU48 can help staff my facility. Please send information regarding CRU48's comprehensive list of services.

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_