

**Samaritan Services Inc.**

24 County Road  
Tenafly, NJ 07670  
201-568-3781

**Reference Form**

Date \_\_\_\_\_

PLEASE PRINT NAME AND ADDRESS

TO: \_\_\_\_\_

\_\_\_\_\_ TELEPHONE # \_\_\_\_\_

Last 4 digits -Soc.Sec# \_\_\_\_\_ Classification (circle) CMP CHHA RN LPN Other \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

*I hereby authorize SAMARITAN SERVICES Inc. to request and receive from all prior employers, educators or personal references, any and all pertinent information concerning my prior employment and /or relationship and its termination, including reasons for such termination. SAMARITAN SERVICES Inc has my authorization to check this reference for one calendar year from the date of my signature below.*

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

*Dear Reference (circle one): Employer / Educator or Personal (relationship \_\_\_\_\_),  
The applicant listed above has applied for employment with our agency. We have obtained written consent from this applicant to request reference information from you, as indicated above. The furnished reference information will be held in strict confidence.*

*Thank you for your cooperation.*

*Director of Nursing*

ITEM	OUTSTANDING	EXCELLENT	GOOD	FAIR
Quality of Work Performed				
Knowledge				
Cooperation				
Relationship w/Patient				
Punctuality				
Attendance				
Professional Conduct				
Appearance				

TYPE OF WORK PERFORMED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WOULD YOU CONSIDER APPLICANT FOR REHIRE? YES  NO  If NO explain \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

**Completed by Signature** \_\_\_\_\_

**Title**

**Date**

VERBAL REFERENCE:

Check box if verbal reference / Name of person spoken to: \_\_\_\_\_ Title: \_\_\_\_\_