



**CHESAPEAKE**  
MEDICAL STAFFING

## Request for Professional Reference

2401 York Road ▪ Timonium, MD 21093 ▪ Phone (410) 321.4267 ▪ Fax (410) 321.4980

**Directions to Applicant: Please provide the information indicated below:**

I give my consent to release information pertaining to my past/current employment to Chesapeake Medical Staffing, LLC.

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Supervisory Title: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Length of time worked together: \_\_\_\_\_

**Directions for Professional Reference:**

The applicant listed above has applied to Chesapeake Medical Staffing for employment and furnished your name as a reference. Please note applicant's authorization above and complete the following:

Personal Evaluation	Above Average	Satisfactory/Average	Needs Improvement	Poor
Quality of Work				
Quantity of Work				
Clinical Competence				
Ability to work independently				
General knowledge level				
Flexibility				
Communication Skills				
Professional Appearance				
Reliability				
Attendance & Punctuality				

Worked with Applicant at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Name of Hospital or Organization)

Applicant's reason for leaving: \_\_\_\_\_ Would you consider for re-hire? Yes No

If no, please explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Professional Reference Printed Name: \_\_\_\_\_ Supervisory Title: \_\_\_\_\_

Professional Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_