



Letter of Reference

I _____ (contractor) have spoken to ADARA Healthcare Staffing, Inc. regarding self-employment as an Independent Nurse Contractor. I am submitting references to them and give my permission to release all information or knowledge regarding my nursing performance. I release any employer or individual from any liability in furnishing this information.

1. Cooperation with staff, supervisors and physicians:

_____ Consistently cooperative to other co-workers, offers assistance without being asked. Deals with stressful situations in a consistently calm and productive manner.

_____ Usually cooperative with other co-workers. Assists when requested but does not consistently act independently.

_____ Inconsistent with relationships to co-workers. Creates conflict in the work place.

2. Completion and Job knowledge of assignments:

_____ Consistently completes assignments on time. Asks questions, no reminders or checking needed.

_____ Usually completes assignments on time with minimal reminders

_____ Does not complete assignments or with poor results. Frequent reminders needed.

3. Reliability:

_____ Arrives on time for scheduled shifts.

_____ Occasionally late for scheduled shifts.

_____ Frequently late for scheduled shifts.

_____ Minimal sick time used.

_____ Moderate use of sick time.

_____ Excessive use of sick time

4. Professional Actions:

_____ Deals with resident/patient/patient family members in a clear professional manner. Stays calm and in control.

_____ Usually deals with resident/patient/patient family members in a professional manner. May become upset in difficult situations.

_____ Has great difficulty dealing with stressful situations.

5. Flexibility:

_____ Adapts to changing or new situations with ease.

_____ Has some difficulty adapting to changing or new situations.

_____ Does not adapt well to changes or new situations.

As an independent contractor this candidate will be contracted to multiple facilities with very little orientation. They must be able to function independently. Do you feel that this candidate will be able to function as an independent nurse contractor?

_____ YES - Comments _____

_____ NO - Comments _____

Referee Signature: _____ Job Title _____

Address: _____ State _____ Zip _____

Phone Number: _____

Name of facility where you supervised candidate: _____

Date: _____

Please return reference to: ADARA Healthcare Staffing

241 Maple Hollow Road

Duncansville, PA 16635

P. 814-693-1415 F. 814-693-9880