



CANADIAN HEALTH CARE AGENCY
EXPERIENCE THE NORTH

_____ has applied for a nursing position with the Canadian Health Care Agency Ltd. and has given us your name as a professional reference. We would appreciate if you would complete and return this evaluation.

Employed from: _____ To: _____ Title: _____

Areas worked: _____

.....
Name and title of reference: _____ Phone Number: _____

Facility Name: _____ City: _____

	Exceeds Expectation	Meets Expectation	Meets Some Expectation	Does Not Meet Expectation
Quality of work				
Productivity				
Emotional Stability				
Flexibility				
Dependability				
Work Motivation				
Leadership Ability				
Communication				
Attendance/Punctuality				
Appearance				
Problem Solving				

Reason this health professional left your facility (if applicable):

Terminated: _____ Resigned: _____ Lay off: _____ Temp: _____ Still on staff list: _____

Comments (continue on back if necessary): _____

Would you re-hire this health care professional? Yes: _____ No: _____

Signature: _____ Title: _____ Date: _____

Please return this form to: Canadian Health Care Agency Ltd., 203 – 485 Pinebush Rd., Cambridge, ON., N1T 0A6

Internal Use Only

Person verifying reference: _____ Verbal: _____ Written: _____ Date: _____