

Pre - Employment Reference Form

The applicant has applied for a position with the Integrated Health Services and has listed you as a reference. This reference form will be included in the applicant's file for review by appropriate department. Your prompt reply will be appreciated. Return the completed form to the applicant.

Section A: Applicant Consent

Applicant Name

I authorize you to provide the Integrated Health Services with information regarding my suitability for employment.

Applicant Signature

Date

Section B: Referee Information

Title Full Name

Address

Contact No

Email

Relation with applicant

For how many years you have known the applicant

Section B: Applicant Employment Information (if applicable)

Name of the Organisation

Position When Employed

Current / Last Position

From (MM/YYYY)

To (MM/YYYY)

Basic Salary

Gross Salary

Remarks /Recommendation

Section C: Evaluation Grid

Evaluate the Applicant by scoring from 1 -5 where 1 being lowest and 5 being highest score

Personal /Professional / Administrative Traits	Health Services/Emergency Management Traits
General Appearance	Healthcare Project Management Skills
Attendance/Punctuality	Expertise in Healthcare
Communication Skills	Interest in Health Services
Adaptability/Flexibility	Knowledge of Health Services
Dependability/Reliability	Emergency Planning and Preparation
Self-Control	Effective use of Emergency Techniques
Ability to Work with Others	Response to Patients Sensitivity
Ability to Accept Criticism	Sensitivity to Individual Patient
Accuracy	Healthcare Management (Discipline)
Overall Job Performance	Ability to Work with Families and Community
Judgment/Common Sense	Ability to Work with Children and Old-Aged
Decision Making Skills	Medical Equipment Handling Techniques
Commitment to Work	Medicine and Consumables Handling Techniques
Organizational Ability	Teaching Skills
Leadership	Mental Endurance
Decision Making Skills	Physical Endurance

Referee Signature:

Date: / /