



Madonna
Rehabilitation Hospital

5401 South Street * Lincoln, NE * 402-483-9450

The individual listed below has applied for a _____ position at Madonna Rehabilitation Hospital and has identified you as a reference. Please complete this form and return it in the enclosed self-addressed envelope. If you have any questions, please contact us at 402-483-9450.

To Be Completed by Applicant (address of current or past employer or school)

Type of Reference (check one)

- Work
- School

Name used while employed _____ Social Security # _____
Position held while employed _____ Dates of Employment _____ to _____
M/D/Y M/D/Y

I hereby authorize and release from liability any hospital, company or institution with whom I have been associated to provide all information as requested concerning my experience or abilities.

Signature of Applicant _____ Date _____

To Be Completed by Current or Past Employer or School

Are the above dates of employment correct? Yes No

If No, please explain _____

Please rate the following on a scale of 1 to 4. (1=Excellent, 2=Good, 3=Fair, 4=Poor)

Initiative	1	2	3	4	Quality of work	1	2	3	4
Compatibility	1	2	3	4	Quantity of work	1	2	3	4
Dependability	1	2	3	4	Job Knowledge	1	2	3	4
Attitude towards work	1	2	3	4	Attendance	1	2	3	4

Was termination voluntary? Yes No Would you re-employ? Yes No

If you would not re-employ, why or any additional comments: _____

Signature / Title

Date