



PROFESSIONAL REFERENCE FORM

LK Healthcare & Professionals — Canada

Two professional references are required from supervisors, managers, or charge nurses who can speak to the applicant's clinical skills and work performance. References from family members or personal friends are not accepted.

Applicant Information

Applicant Full Name:

Position Applied For:

Date of Application:

Reference 1

Full Name:

Job Title:

Organization / Facility:

Relationship to Applicant:

Phone Number:

Email Address:

Years Known:

Performance Rating

Category	Excellent	Good	Satisfactory	Unsatisfactory
Clinical / Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient / Resident Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rehire this individual?

- Yes No Yes, with reservations

Additional Comments:

Signature:

Date:

Reference 2

Full Name:

Job Title:

Organization / Facility:

Relationship to Applicant:

Phone Number:

Email Address:

Years Known:

Performance Rating

Category	Excellent	Good	Satisfactory	Unsatisfactory
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Clinical / Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient / Resident Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rehire this individual?

Yes No Yes, with reservations

Additional Comments:

Signature:

Date:

Declaration

By signing below, I confirm that the information provided in this reference form is accurate and truthful to the best of my knowledge. I understand this information will be used in the candidate's employment assessment.

Reference Name (Print):

Signature:

Date:

Please return this completed form directly to your LK Healthcare & Professionals Care Coordinator. Thank you.