



HSS Recruiter: _____

Reference Information

Supervisor Name: _____ Phone#: _____
 Supervisor Title: _____ Fax: _____
 Company _____ Email: _____

Applicant Information

I authorize all former employers and schools and colleges I attended to release all relevant data they have about me to Hospital for Special Surgery, except as specifically noted.
 Applicant Name: _____ Date: _____
 Applicant Signature _____

The area below is for HR/Reference use only

To help hospital for special surgery better evaluate the candidate's qualifications, please complete the information below, sign and **fax to 212-606-1961**. All information will be held in confidence. Thank you for your cooperation.

Job Title: _____	Employed From: _____	To: _____			
Assessment	Unacceptable 1	Fair 2	Good 3	Very Good 4	Outstanding 5
Knowledge of Work					
Quality of The Work					
Competency					
Productivity					
Communication Skills					
Problem Solving					
Dependability					
Cooperation/Attitude					
Attendance/Punctuality					
Reason for Leaving: _____					
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No HR Rating > _____					

Comments:

Signature of Reference: _____ **Date:** _____