NURSING REFERENCE
Minneapolis VAMC

Applicant Name_____Date _____Obtained by_____

Name of Reference_____Organization_____

What position did the applicant hold in your organization? _____ Would you rehire? ☐ Yes ☐ No
Dates of employment _____ to _____ Was unscheduled leave a problem (absences or lateness)? ☐ Yes ☐ No

Notes: _____

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	PRACTICE	ETHICS	RESOURCE UTILIZATION
PRACTICE • **Practice** • **Ethics** • **Resource Utilization**	*Does the nurse:* Demonstrate the ability to delegate? ☐ Demonstrate leadership skills? ☐ Develop or administer programs? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**	*Does the nurse:* Use a respectful approach toward patients? ☐ Advocate for the patient or family? ☐ Provide leadership in ethical situations or programs? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**	*Does the nurse:* Plan for safe and efficient care by considering priorities? ☐ Demonstrate leadership skills by arriving at more effective approaches? ☐ Manage program resources? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**

Notes: _____

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	PERFORMANCE	EDUCATION/CAREER DEVELOPMENT
PROFESSIONAL DEVELOPMENT • **Performance** • **Education/Career Development**	*Does the nurse participate in the appraisal of:* Own performance? ☐ Peer performance? ☐ Performance of subordinates? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**	*Does the nurse utilize educational strategies to:* Maintain professional development? ☐ Acquire expertise in current practice? ☐ Provide learning programs for others? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**

NOTES: _____

	COLLEGIALITY	COLLABORATION
COLLABORATION • **Collegiality** • **Collaboration**	*Does the nurse effectively use communication through:* Active participation in discussion of patient care? ☐ Service as a preceptor or a mentor? ☐ Service as a consultant or expert resource? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**	*Does the nurse's practice include team participation by:* Demonstrating appropriate interpersonal skills? ☐ Resolution of conflict by using group discussion? ☐ Promotion of interdisciplinary partnerships? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**

NOTES: _____

	QUALITY OF CARE	RESEARCH
SCIENTIFIC INQUIRY • **Quality of Care** • **Research**	*Does the nurse demonstrate the ability to:* Identify the need for improvement in practice? ☐ Change practice based on findings? ☐ Initiate quality improvement programs? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**	*Does the nurse participate in research activities through:* Identification of evidence based practice? ☐ Application of research to practice? ☐ Initiation of a system change in practice? ☐ ☐ **Average** ☐ **Above Average** ☐ **Excellent** ☐ **Not Observed**

NOTES: _____

OMB Approved No.: 2900-0117
Respondent Burden: 15 Minutes

Department of Veterans Affairs

INQUIRY CONCERNING APPLICANT FOR EMPLOYMENT

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, D.C. 20420. **DO NOT RETURN THIS FORM OR SUBMIT REQUESTS FOR BENEFITS TO THIS ADDRESS.**

1. HOW WAS YOUR KNOWLEDGE OF THE APPLICANT OBTAINED?

	APPLICANT'S EMPLOYER		AS APP LICANT'S SUPERVISOR		C0-WORKER		PERSONAL FRIEND		OTHER (Specify)

2. HOW LONG HAVE YOU KNOWN THE APPLICANT?

NOTE: *Complete Item 3 through 9 ONLY if you have been applicant's employer or supervisor.*

3. BRIEF DESCRIPTION OF APPLICANT'S DUTIES IN LAST POSITION WITH YOU

4. INCLUSIVE DATES OF ABOVE POSITION	5. SALARY $	6. NUMBER AND TYPE OF EMPLOYEES SUPERVISED BY APPLICANT

7. EVALUATION OF APPLICANT'S PERFORMANCE

PLEASE CHECK THE APPROPRIATE COLUMN FOR EACH ITEM	WEAK	BELOW AVERAGE	SATISFACTORY	ABOVE AVERAGE	SUPERIOR	NOT OBSERVED
A. QUANTITY OF WORK	☐	☐	☐	☐	☐	☐
B. QUALITY OF WORK	☐	☐	☐	☐	☐	☐
C. KNOWLEDGE	☐	☐	☐	☐	☐	☐
D. ORIGINALITY	☐	☐	☐	☐	☐	☐
E. DEPENDABILITY AND ATTENDANCE	☐	☐	☐	☐	☐	☐
F. RELATIONSHIPS WITH OTHERS	☐	☐	☐	☐	☐	☐
G. ACCEPTANCE OF SUPERVISION	☐	☐	☐	☐	☐	☐

8. IF CIRCUMSTANCES PERMITTED, WOULD YOU REHIRE THE APPLICANT?
☐ YES ☐ NO (If "NO", give reason.)

9. REASON APPLICANT LEFT YOUR EMPLOYMENT

NOTE: All addressees are requested to complete the remaining Items.

10A. TO YOUR KNOWLEDGE, HAS THE APPLICANT LOST A JOB WITHIN THE LAST 5 YEARS BECAUSE HIS/HER CONDUCT OR WORK WAS NOT SATISFACTORY?
☐ YES ☐ NO (*If "YES", complete 10B, 10C, and 10D.*)

10B. NAME AND ADDRESS OF EMPLOYER

10C. REASON FOR DISCHARGE OR RESIGNATION

10D. TO YOUR KNOWLEDGE, WAS THE APPLICANT NOTIFIED AS TO THE REASON FOR DISCHARGE?
☐ YES ☐ NO

11. TO YOUR KNOWLEDGE, IS THE PERSON RELIABLE, HONEST, TRUSTWORTHY, AND OF GOOD CHARACTER?
☐ YES ☐ NO (*If "NO", explain fully in item 13.*)

12. WOULD YOU RECOMMEND THE APPLICANT FOR THE JOB WHICH HE/SHE HAS APPLIED?
☐ YES ☐ NO (*If "NO", explain fully in item 13.*)

13. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY TO SUPPLY ANY OTHER PERTINENT INFORMATION AND FURTHER EXPLANATION YOU MAY WISH TO MAKE IN CONNECTION WITH YOUR ABOVE ANSWERS.

14. SIGNATURE	15. TITLE OR OCCUPATION	16. DATE