



Kahu Malama Nurses, Inc.
 1357 Kapiolani Blvd., Suite 850 & Suite 1510
 Honolulu, Hawaii 96814
 (808) 951-0111; Fax (808) 941-0061
 Toll Free: 1-800-773-9021

**REFERENCE REQUEST
AND AUTHORIZATION**

TO: _____

I hereby authorize release of information concerning my employment to Kahu Malama Nurses, Inc.

Sig: _____

Date: _____

RE: _____ SS# _____

Former Names: _____

Position Applied For: _____

Position held _____ Dates of employment From _____ To _____

This individual has placed an application for employment with our organization, and has given your name as a reference. Please complete and return this form at your earliest convenience.

CONFIDENTIAL REPORT OF PROFICIENCY

	Unobserved	Excellent	Good	Poor	Not Required	Comments
1. Job Knowledge Ability to perform procedures Technical Skills Knowledge of procedures						
2. Quality of work Patient Care Decision-making ability Thoroughness Charting Following orders						
3. Work Habits Arrives on time Utilization of time Initiative Use and care of equipment						
4. Interpersonal Skills Attitude Acceptance of supervision Patient and family rapport Ability to work with others						
5. Personal Appearance General Conduct Adaptability						

Is the above information correct? (Note changes) _____

Reason for leaving _____ Eligible for rehire? _____

Comments: (Use back if necessary) _____

Evaluated by: _____ Title: _____ Date: _____

Thank you for your assistance