

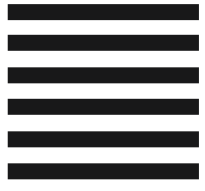


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**ATTENTION:**  
Human Resources \_\_\_\_\_  
Nurse Recruitment \_\_\_\_\_  
WCCH \_\_\_\_\_

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 516 TERRE HAUTE, INDIANA

POSTAGE WILL BE PAID BY ADDRESSEE



**Union Hospital Health Group**  
1606 North Seventh Street  
Terre Haute, Indiana 47804-9989



\_\_\_\_\_  
(fold here)



Union Hospital, Inc.  
1606 North Seventh Street  
Terre Haute, Indiana 47804-2780

\_\_\_\_\_  
(fold here)



# REFERENCE CHECK

**UNION HOSPITAL**  
1606 North Seventh Street  
Terre Haute, Indiana 47804  
(812) 238-7654

**WEST CENTRAL  
COMMUNITY HOSPITAL**  
801 South Main Street  
Clinton, Indiana 47842  
(317) 832-1234

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ S.S.# \_\_\_\_\_

formerly affiliated with your organization from \_\_\_\_\_ to \_\_\_\_\_

has applied for a(n) \_\_\_\_\_ position at Union Hospital Health Group and given your name as a reference. Your evaluation will be sincerely appreciated and will be treated confidentially. Thank you for your cooperation.

I hereby authorize Union Hospital Health Group to investigate my past record and release my present and past employers, schools, references and all persons whomsoever from any damage because of furnishing said information.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION(S) \_\_\_\_\_

SALARY: BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WOULD YOU RE-EMPLOY? \_\_\_\_\_ IF NO, WHY? \_\_\_\_\_

PERFORMANCE APPRAISAL	EXCELLENT	ABOVE AVERAGE	AVERAGE	FAIR	POOR
ATTENDANCE & DEPENDABILITY					
ATTITUDE TOWARDS JOB & CO-WORKERS					
COOPERATION					
INITIATIVE & DRIVE					
QUALITY OF WORK					
QUANTITY OF WORK					

GENERAL APPRAISAL REMARKS—STRONG POINTS, WEAK POINTS, COMMENTS OF SUPERVISORS, ETC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_