

Reference Letter

Facility Name: King County Hosp.

Applicant Authorization

I hereby authorize the above employer to furnish the following information to Western Staffing, LLC.

Verification of Employment

X Alan R. Baumann _____ 6-6-04
Applicant's Signature Date

Applicant Name ALAN R. BAUMANN

Social Security Number 053-72-8264

Dates of Employment: From 3/03 To 5/03

Position Held in your employ Radiographer

Travel Assignment: Yes No

Please indicate whether above information is correct: Yes No

Charge experience Yes No

Reason for leaving Resignation Termination Temporary Employee

Eligibility for rehire? Yes No

Performance Evaluation:

	Excellent	Very Good	Satisfactory	Needs Improvement *	Poor*
1. Demonstrates competency in caring for patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides a safe and therapeutic patient environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Initiates and implements a coordinated plan of patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adheres to facility policies and procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communicates appropriately with patients and families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Completes accurate documentation of patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Flexibility and adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cooperation and teamwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Interest and enthusiasm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Positive interpersonal skills with staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Attendance and punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall professionalism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (*) _____

E. Cardenas Assoc Rad Supv H/TI 6-6-04
Evaluator/Title Date

(718) 245-4645
Phone