

REFERENCE CHECK FORM

DATE: _____

Cⁿ Staffing specializes in the placement of qualified medical professionals. We make every effort to ensure quality placements in order to enhance community health. Your response helps to ensure our promise to our clients that the candidates we present have had their employment history verified.

If you should need assistance in staffing your office, we would welcome the opportunity. More information is available at our website www.cnstaffing.com and by calling (972) 484-3922.

Thank you for your immediate response. Please fax back to (469) 341-4058.

Employee Information

I, _____, hereby authorize any investigator or duly accredited representative of Cⁿ Staffing bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, salary, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Cⁿ Staffing and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Signature: _____ Social Security #: _____

Company Name: _____ Fax: _____

Supervisor Name: _____ Title: _____

Employer Information

Employees Title: _____ Dates of employment _____

Salary: _____ Reason for termination: _____

Eligible for re-hire: Yes _____ No: _____ If no, please explain: _____

<u>Evaluation</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Job Knowledge	_____	_____	_____	_____
Quality	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____
Communication	_____	_____	_____	_____

Completed by: _____ Title: _____ Date: _____

Verbal Verification:
Completed by: _____ Title: _____ Date: _____