

# REFERENCE CHECK FORM

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

*C<sup>n</sup> 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](http://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 C<sup>n</sup> 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 C<sup>n</sup> 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 #: xx-xxx-\_\_\_\_\_

\* Company Name: \_\_\_\_\_ \* Fax \_\_\_\_\_

\* Phone \_\_\_\_\_

\* 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:  
Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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\* Phone \_\_\_\_\_

\* Supervisor Name: \_\_\_\_\_ \* Title: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for termination: \_\_\_\_\_

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| <u>Evaluation</u>   | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|---------------------|------------------|-------------|-------------|-------------|
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\* Phone \_\_\_\_\_

\* Supervisor Name: \_\_\_\_\_ \* Title: \_\_\_\_\_

## \* Employer Information \*

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Salary: \_\_\_\_\_ Reason for termination: \_\_\_\_\_

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| <u>Evaluation</u>   | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
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