

**Professional Healthcare Staffing Inc**

Reference Request

Reference Type: Employer Educational

**TOP SECTION TO BE COMPLETED BY APPLICANT**

Reference Name: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ to \_\_\_\_\_

TO: Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

FROM: Applicant Name (print): \_\_\_\_\_ Position Held: \_\_\_\_\_

**I HEREBY REQUEST AND AUTHORIZE THE AGENCY TO REQUEST AND RECEIVE FROM ALL PRIOR EMPLOYERS WITHIN ONE YEAR OF THE DATE OF APPLICATION, ANY AND ALL PERTINENT INFORMATION CONCERNING MY PRIOR EMPLOYMENT AND ITS TERMINATION, INCLUDING THE REASONS FOR SUCH TERMINATION. I AGREE TO HOLD HARMLESS THESE PERSONS OR ORGANIZATIONS, THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS OF LIABILITY, CLAIMS, DAMAGES OR DEMANDS OF ANY NATURE ARISING FROM OR RELATED TO THE INVESTIGATION OF INFORMATION CONTAINED IN MY APPLICATION.**

Position applied for: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CURRENT OR PREVIOUS EMPLOYER PLEASE COMPLETE THIS SECTION  
OR AGENCY STAFF MEMBER DURING TELEPHONE VERIFICATION  
ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL**

Confirmed Dates of Employment

	Poor	Average	Good	Excellent
Quality of work	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Competency	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____

Would you rehire this applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

Name of Person completing reference (print): \_\_\_\_\_

Position or Title: \_\_\_\_\_ Facility Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**TELEPHONE VERIFICATION DOCUMENTATION**

Date of Call \_\_\_\_\_ Agency Representative \_\_\_\_\_

Person Contacted \_\_\_\_\_ Title \_\_\_\_\_

Notes \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_

