



PROFESSIONAL REFERENCE

The individual listed below has submitted your name as a current/previous employer for reference verification purposes. We appreciate your cooperation in supplying the information below. All information will be held in strict confidence. Thank you in advance for your prompt response. Please contact us with any questions.

Name of Current/Previous Employer: _____

Attention: _____

Phone/contact number: _____

Regarding Employee: _____

Social Security Number: _____

Dates of Employment: _____

Salary history / hourly wages: _____

Title or Position held: _____

Eligible for rehire:	Yes	No
Would you recommend this individual for future employment:	Yes	No

	Excellent	Good	Fair	Poor
Job Knowledge				
Quality of skills				
Attendance				
Punctuality				
Professionalism				
Patient Care				

Additional comments: _____

Signature: _____

Date: _____

Title: _____

APPLICANT RELEASE: I give ProMed Staffing Inc and its agents permission to use and verify any information I have provided. I authorize past, present and future employers, educational institutions, all references and any person asked to verify information or answer questions with regards to my background and future employment, to do so & release them & ProMed from any liability whatsoever resulting from any such investigation or information disclosure.

Signature: _____

Date: _____